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## FLORIDA PROFIT/NON PROFIT CORPORATION

ACKurate Business Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CTICLE I NAM e name of the corpor	f: ation shall be: <u>ACKurate Business S</u>	ervices, Inc.	
TICLE IL PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	N	failing address, if different is:
1300 NW 1	12th Terr		
Miami, FL	33167		
TICLE III PURI e purpose for which	POSE	Consulting	
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ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
Name:	Ann Crawford	
Address:	1300 NW 112th Terr	
	Miami, FL 33167	
ARTICI E VII	INCORPORATOR	
	ldress of the Incorporator is:	
Name:	Ann Crawford	
	1300 NW 112th Terr	
Address:	Miami, FL 33167	
	Wilatill, 1 E 33101	
ARTICLE VIII	EFFE TIVE DATE:	
liffective date, if (If an effective d filing.)	other than the date of filing:ate is listed, the date must be specific and cannot be n	(OPTIONAL) nore than five days prior or 90 days after
	inserted in this block does not meet the applicable statut ffective date on the Department of State's records.	ory filing requirements, this date will not be
	ed as registered agent to accept service of process for the amiliar with and accept the appointment as registered age	
	Ann Crawford	07/24/20
		07/24/20
	Required Signature/Registered Agent	Date
I submit this doe	Required Signature/Registered Agent  ument and affirm that the facts stated herein are true.	I am aware that the false information subt
I submit this doc document to the I	Required Signature/Registered Agent  ument and affirm that the facts stated herein are true.  Department of State constitutes a third degree felony as pro-	I am aware that the false information sub-
I submit this doc document to the I	Required Signature/Registered Agent ument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as pa	I am aware that the false information sub- rovided for in s.817.155, F.S. 07/24/20
I submit this doc document to the I	Required Signature/Registered Agent ument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as pa	I am aware that the false information subtrovided for in s.817.155, F.S. 07/24/20

Fax: 13057143014