

P97000080016

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ACN Plus, Inc.
(Proposed corporate name - must include suffix)

600002293096--4
-09/15/97--01106--018
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ACN PLUS, INC.
Name (Printed or typed)

1011 S. Hwy 27
Address

Clermont, FL 34711
City, State & Zip

352-242-0401
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

97 SEP 15 AM 10:47

FILED

9/16/97

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACN PLUS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1011 South Highway 27, Clermont, Fl. 34711

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Linda Loughlin, 1011 S. Highway 27, Clermont, Florida, 34711

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

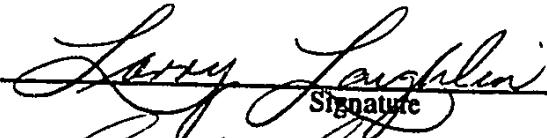
Larry Loughlin, 1011 S. Highway 27, Clermont, Fl. 34711

Linda Loughlin, 1011 S. Highway 27, Clermont, Fl. 34711


The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of September, 19 97.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

V

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

i. The name of the corporation is:

ACN Plus, INC.

2. The name and address of the registered agent and office is:

LINDA Loughlin
(NAME)

1011 S. Hwy 27
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Clermont FL 34711
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Linda Loughlin
(SIGNATURE)

9/3/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314