Acre & Associates, Inc.

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

SUBJECT: (Proposed corporate name - must include suffix)				
Enclosed is an original \$70.00 Filing Fee	inal and one(1) copy of the artic \$78.75 Filing Fee & Certificate	cles of incorporation and \$122.50 Filing Fee & Certified Copy	1 a check for : \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	92
FROI		Thomas E. Anderson Name (Printed or typed)		98 JUN 25
		ce Ave., Suite 2 Address	SEE, FLOI	FILED 110N 25 AM 8: 31
		Venice, FL 34285 City, State & Zip		<u>≅</u>
	(941) 488-42	245	·	

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

RETICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Acre & Associates, Inc.

PRINCIPAL OFFICE ARTICLE II

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

13th Street, Suite 100 Pompano Beach, FL 33062

SHARES

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

50,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

and Florida street address of the initial registered agent are:

Thomas E. Anderson

101 W. Venice Avenue, Suite 28

Venice, FL 34285

INCORPORATOR ARTICLE V_

The name and address of the incorporator to these Articles of Incorporation are:

Thomas E. Anderson

101 W. Venice Avenue, Suite 28

Veni ϕ e, FL 34285

Signature/Incorporator

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

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

Signature/Registered Agent