

TRANSMITTAL LETTER

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

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-05/20/99--01081--015
*****78.75 *****78.75

SUBJECT: ACETHETEST.COM INC.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FILED
99 MAY 20 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: ROBERT J ALEXANDER
Name (Printed or typed)

559 CAMPUS ST
Address

CELEBRATION, FL 34747
City, State & Zip

(407) 566-8731
Daytime Telephone number

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

F. CHESSEB MAY 2 5 1999

2

ARTICLES 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:

acethetest.com Inc.

ARTICLE II PRINCIPAL OFFICE

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

559 Campus Street
Celebration, FL 34747

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert J. Alexander
559 Campus Street
Celebration, FL 34747

ARTICLE V INCORPORATOR

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

Robert J. Alexander
559 Campus Street
Celebration, FL 34747



Signature/Incorporator

5.18.99

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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

5.18.99

Date

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