

P15000095460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

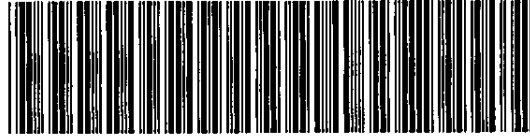
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** ACEA MANAGEMENT SOLUTION, CORP  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are 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**

**FROM:** ELAINE ARAUJO  
Name (Printed or typed)  
9574 CAROUSEL CIRCLE NORTH  
Address  
BOCA RATON, FL 33434  
City, State & Zip  
(813) 299-3144  
Daytime Telephone number  
ELAINE.ARAUJO@ORTIZGAMING.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: ACEA MANAGEMENT SOLUTION, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALVARO CRIALES (PRES)

Name and Title: ELAINE ARAUJO (VP)

Address 9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

Address: 9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ELAINE ARAUJO  
Address: 9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ELAINE ARAUJO  
Address: 9574 CAROUSEL CIRCLE NORTH  
BOCA RATON, FL 33434

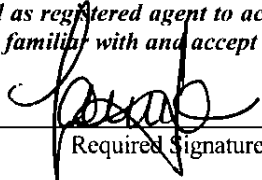
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/15/15 (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

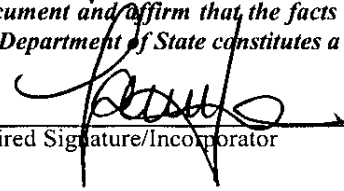


Required Signature/Registered Agent

11/17/2015

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

11/17/2015

Date