

P14000032268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

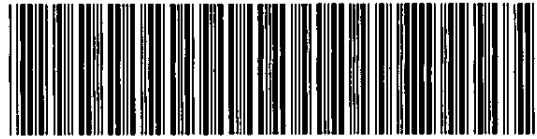
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

J
4/11/14

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 4-10-14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Inc _____

1. AcNature Investments, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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14 APR 10 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: AcNature Investments, Inc.

(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: Kevin A. Denti, Esquire

Name (Printed or typed)

Kevin A. Denti, P.A.

Address

2180 Immokalee Road - Suite #316

Naples, Florida 34110

City, State & Zip

239-260-8111

Daytime Telephone number

kdenti@dentilaw.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

FILED

ARTICLE I NAME
The name of the corporation shall be: AcNature Investments, Inc.

14 APR 10 AM 8:45

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1454 Union Road
303K STZ: University of Florida
Gainesville, Florida 32611-7168

2158 Cumberland Pkwy SE
Apt #12108
Atlanta, GA 30339

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to transact any and all lawful businesses
for which companies may be organized under Florida law.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lee Jerris, Director/P/S/T Name and Title: _____

Address 2158 Cumberland Pkwy SE Address: _____
Apt. #12108
Atlanta, GA 30339

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: Kevin A. Denti, Esquire
 Address: Kevin A. Denti, P.A.
2180 Immokalee Road - Suite #316, Naples, FL 34110

ARTICLE VII INCORPORATOR

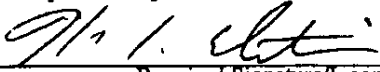
The name and address of the Incorporator is:

Name: Kevin A. Denti, Esquire
 Address: Kevin A. Denti, P.A.
2180 Immokalee Road - Suite #316, Naples, FL 34110

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

 4/9/14
 Required Signature/Registered Agent 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.

 4/9/14
 Required Signature/Incorporator Date

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