## P16000096967

(Requestor's Name)
(Address)
(Address)
(Address)
(CitylChata TiplDhama 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Dualisana Sukha Nama)
(Business Entity Name)
(Document Number)
Contilled Contin
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fining Officer.

Office Use Only



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11/10/16--01016--002 \*\*/0.00

SECRETARY OF STATE

V HERRING DEC - 9 2016

## **COVER LETTER**

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

SUBJECT:A	Acuity Investigations Inc	TO MARIN RELIGIO INCOL	FIRM OUTPURA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation an	d a check for:		
<b>፯</b> \$70.00 Filing Fee	· ·	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRE			
FROM:	Scott R. Sawa CPA PA				
I KOWI.		(Printed or typed)			
	3000 Gulf to Bay Blvd #20	)2			
~-	Address				
	Clearwater, FL 33759				
_	City, State & Zip				
	727-712-1873				
	Daytime Telephone number				
	scott@scottrsawacpa.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)

FILED

ARTICLE I NAME  The name of the corporati	ion shall be: Acuity Investiga	ations Inc	2016 NOV 1 1 AM 10: 17
ARTICLE II PRINCI			SECRETARY OF STATE ADJUSTED BY BEING SECRETARY OF STATE SECRETARY SECRETARY OF STATE SECR
701 S. Howard	Ave Suite #106402		** Anny
Tampa, FL 336	506		
ARTICLE III PURPO. The purpose for which th	<u>SE</u> le corporation is organized is: <u>Priv</u>	ate Investigations	
ARTICLE IV SHARE The number of shares of s	stock is: 100		
Name and Title:	LOFFICERS AND/OR DIRECTOR President	Name and Title:	
Address	Jennifer Elliott	Address:	
	701 S. Howard Ave Suite	#106402	T-1/1-1
	Tampa, FL 3360&	R	
Name and Title:		Name and Title:	
Address			
			· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address	***************************************	Address:	

			FILED	
	od Title: N	Same and Title:_	ZETE NOV I I	AM 10: 17
Addres		Address: _	SECALIARY TALLAHASSEE	OF STATE . FLORIDA
	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of the Scott R. Sawa CPA PA 3000 Gulf to Bay Blvd Suite #202 Clearwater, FL 33759	e registered agen	ıt is:	,
The <u>name and a</u>	INCORPORATOR  ddress of the Incorporator is:  Scott R. Sawa CPA PA			
Name: Address:	3000 Gulf to Bay Blvd Suite #202 Clearwater, FL 33759			
Effective date, if (If an effective days after the f	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and cannot be diling.) The inserted in this block does not meet the applicable state effective date on the Department of State's records.			
Having been na	med as registered agent to accept service of process fo am familiar with and accept the appointment as regist			
<u> 9.4</u>	Required Signature/Registered Agent		10/31	/16
				Buie
	cument and affirm that the facts stated herein are tru Department of State constitutes a third degree felony a			ion submitted in a
5.	45-		10/31/	16
Requ	fred Signature/Incorporator			Date