P17000026018

(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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SECRETARY OF STATE

W17-02/084

1 03/23/17



March 13, 2017

CANTRECE JONES 25 N. MARKET ST. JACKSONVILLE, FL 32202

SUBJECT: ACUITY DESIGN GROUP, INC

Ref. Number: W17000021084

We have received your document for ACUITY DESIGN GROUP, INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 417A00004743

COVER LETTER

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TO:	Charter Section Division of Cor	porations				
SUBJ	JECT: Acuity Desi	gn Group				
5020		Name of	Resulting Florid	a Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Busin 15, F.S.	ness
Please	e return all corresp	ondence concerning this	matter to:			
Cantr	ece Jones					
		Contact Person				
Acuit	y Design Group					
		Firm/Company				
25 N.	Market Street, Suit	e 216				
		Address				
Jacks	onville, FL 32202					
		City, State and Zip Code	e.	_		
cjone	s@adgmark.com					
	E-mail address: (t	o be used for future annu	al report notific	ation)		
For fi	urther information	concerning this matter,	please call:			
Cantr	ece Jones		at (904	710-0	0301	
	Name of Co	ontact Person	Area	Code and	d Daytime Telephone Number	
Enclo	osed is a check for	the following amount:				
5 1	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (Certificate of Status)
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle			New F Division P. O. I	LING ADDRESS: Filings Section ion of Corporations Box 6327 nassee, FL 32314		

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Acuity Design Group, LLC
(LO8-018355) Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability corporation [The second of the
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
first organized, formed or incorporated under the laws of
filed on February 20, 2008, effective March 1, 2008 V
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Acuity Design Group, INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
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.

Page 1 of 2

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Signed	thisday of	, 20		
Requir	ed Signature for Florida Profit Corporation:			
Signatu Incorpo Printed	re of Chairman, Vice Chairman, Director, Office Drator:	cer, or, if Directors or Officers have not been	selected,	an
	ed Signature(s) on behalf of Other Business]	
Signatu	ire: Carvall			
Printed	Name: Cantrece Jones	Title: President		
Signati	nre:			
Printed	Name:	Title:		
Signatu	ıre:			
Printed	Name:	Title:		
Signatu	ire:			
Printed	Name:	Title:		
Signati	пе:			
Printed	Name:	Title:		
Signatu	ие:			
Printed	Name:	Title:		
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:		
	ida Limited Partnership or Limited Liability ares of <u>ALL</u> General Partners.	Limited Partnership:		
	ida Limited Liability Company: ure of a Member or Authorized Representative.		SEUR TALLAI	:
All oth Signati	ers: are of an authorized person.		CRETARY OF STAT LAHASSEE, FLORI	יני רל ד
Fees:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	FLORIDA	3.1 O. 0.1

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	Acuity Design Group, INC	IAR IASS
The name of the corporation shall be:		
ARTICLE II PRINCIPAL O	FSH FLO	
The principal place of business/mailin	ng address is:	M 8:31 FSIATE FLORID
Principal street addr 25 N. Market Street, Suite 216	ress Mailin	g address, if different is:
Jacksonville, FL 32202		
ARTICLE III PURPOSE The purpose for which the corporati Restructuring business due to growth.	on is organized is:	
ARTICLE IV SHARES The number of shares of stock is: 10,	000,000	
ARTICLE V INITIAL OFFIC	ERS AND/OR DIRECTORS	
Name and Title: Cantrece Jones, Presi	dent Name and Title:	
Address: 1614 Brookside Circl		
Jacksonville, FL 3220		
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	
water death for the second of		

<i>ARTICL</i> The <u>name</u>	<u>EVI REGISTERED AGENT</u> and Florida street address (P.O. Box NOT accep	table) of the registered agent is:
Name:	Cantrece V. Jones	
Address:	25 N. Market Street, Suite 216	
	Jacksonville, FL 32202	
ARTICL	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	Cantrece V. Jones	
Address:	25 N. Market Street, Suite 216	
	Jacksonville, FL 32202	
******	*****************	**************************************
		process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity
(antique Amis	March 20, 2017
	Required Signature/Registered Agent	Date
	his document and affirm that the facts stated here to the Department of State constitutes a third degi	in are true. I am aware that any false information submitted in a ee felony as provided for in s.817.155, F.S.
	antice Imes	March 20, 2017
_	Required Signature/Incorporator	Date

FILED