

# TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

TO:

ACOSTA INVESTIGATIONS INCORPORATED  
(Proposed corporate name - must include suffix)

800002671118--6  
-10/23/98--01055--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM:

RICARDO ACOSTA

Name (Printed or typed)

9403 LONSDALE COURT

Address

TAMPA FL 33615

City, State & Zip

813 882-9041

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 Oct 23 AM 10:58

FILED

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

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## 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: ACOSTA INVESTIGATIONS, INC

### ARTICLE II PRINCIPAL OFFICE

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

9403 LONSDALE COURT  
TAMPA, FL. 33615

### ARTICLE III SHARES

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

250 .

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RICARDO ACOSTA  
9403 LONSDALE CT.  
TPA FL. 33615

### ARTICLE V INCORPORATOR

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

RICARDO ACOSTA  
9403 LONSDALE CT  
TPA FL 33615



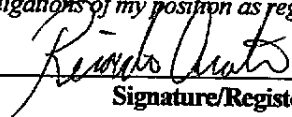
Signature/Incorporator

10/16/98

Date

(An additional article must be added if an effective date is requested.)

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

10/16/98

Date

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98 Oct 23 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA