

P14 0000044465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

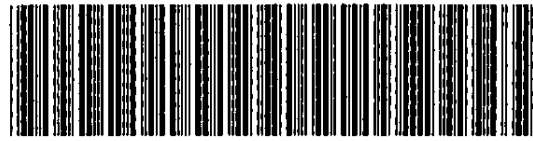
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B Spelly



200260215742

05/16/14--01016--010 **78.75

14 MAY 16 PM 3:16
DIVISION OF CORPORATIONS
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: ACCESS SUPPORT COORDINATORS 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: ACCESS SUPPORT COORDINATORS INC.
Name (Printed or typed)

2585 SW National Circle
Address

Port Saint Lucie, Florida, 34953
City, State & Zip

772-341-0713
Daytime Telephone number

accesscoordinators@gmail.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 ACCESS SUPPORT COORDINATORS INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
2585 SW NATIONAL CIRCLE _____
Port Saint Lucie Florida _____
34953 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SERVICES

SECRETARY OF STATE
DIVISION OF CORPORATE SERVICES
14 MAY 16 PM 3:16

ARTICLE IV SHARES 2
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rodrigo Mosquera President</u>	Name and Title:	<u>Blanca Doris Carranza vice-P.</u>
Address	<u>2585 SW National Circle</u>	Address:	<u>2585 SW National Circle</u>
	<u>Port Saint Lucie</u>		<u>Port Saint Lucie</u>
	<u>Florida 34953</u>		<u>Florida 34953</u>

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: Rodrigo Mosquera
 Address: 2585 SW NATIONAL CIRCLE
Port Saint Lucie Fl. 34953

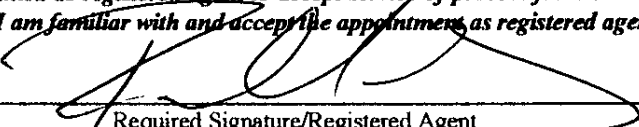
STATE OF FLORIDA
 DIVISION OF PROFESSIONAL REGULATION
 14 MAY 16 PM 3:16

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rodrigo Mosquera
 Address: 2585 SW NATIONAL CIRCLE
Port Saint Lucie, Fl, 34953

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

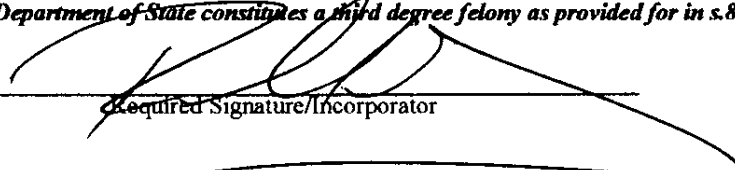


 Required Signature/Registered Agent

5/14/14

 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

5/14/14

 Date