

P 14000079280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

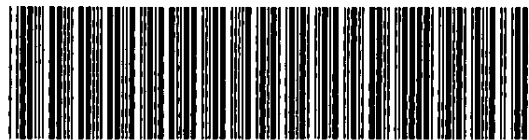
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/25/14

COVER LETTER

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

SUBJECT: Access 2 Coaching, 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: Eric T. Markson, D.C.

Name (Printed or typed)

2101 NE 210th Street

Address

North Miami Beach, FL 33179

City, State & Zip

305 785 1512

Daytime Telephone number

rick@access2coaching.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304
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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)

ARTICLE I NAME
The name of the corporation shall be: Access2Coaching, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2101 NE 210th Street
North Miami Beach, FL
33179

OFFICE OF THE CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Personal, Professional and Healthcare consulting firm.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric T. Markson, D.C. Vice-President

Name and Title: Brett Axelrod, D.C. Vice-President

Address: 2101 NE 210th Street
North Miami Beach, FL 33179

Address: 64 South Central Avenue
Elmsford, NY 11523

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:

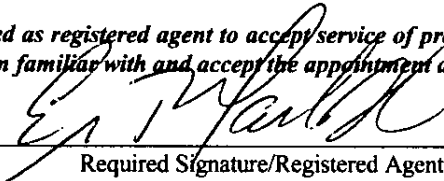
Name: Eric T. Markson, D.C.
 Address: 2101 NE 210th Street
North Miami Beach, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric T. Markson, D.C.
 Address: 2101 NE 210th Street
North Miami Beach, FL 33179

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

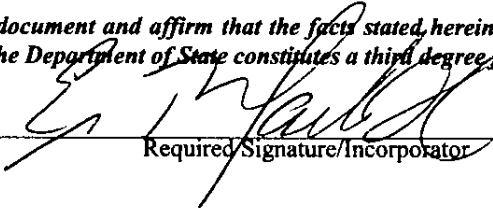


 Required Signature/Registered Agent

9/13/14

 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

9/13/14

 Date

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 TALLAHASSEE, FLORIDA