

P 97 00 00 6 8 00 4
TRANSMITTAL LETTER

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

200002258632--3
-08/05/97--01104--004
*****78.75 *****78.75

SUBJECT: ACCESS ABILITY Publishing Inc
(Proposed corporate name - must include suffix)

Enclosed 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: Lilian C Selph
Name (Printed or typed)

PO Box 1 / 80 TRIPLET DR.
Address

Casselberry FL 32718-015
City, State & Zip

407-339-2062
Daytime Telephone number

FILED
97 AUG -5 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

T.M. - 8/6/97

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Access Ability Publishing Inc

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ARTICLE II PRINCIPAL OFFICE

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

P O Box 1, Casselberry, FL 32718-0157

ARTICLE III SHARES

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

100 shares (one-hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lilian Selph

80 Triplet Dr.

Casselberry, FL 32718-0157

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lilian Selph
80 Triplet Dr.
Casselberry, FL 32718-0157

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of _____, 19_____.

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



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Access Ability Publishing Inc
2. The name and address of the registered agent and office is:

LILIAN SELPH
(NAME)

80 Triplet Dr
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Casselberry FL 32718-0157
(CITY/STATE/ZIP)

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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.

Lilian Selph
(SIGNATURE)

8-5-97
(DATE)