

10900105423

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACCESSIBILITY DISABILITY CONSULTANTS,
(Corporation Name) (Document #)

2. INC.
(Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

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-11/13/00--01010--023
*****78.75 *****78.75

Examiner's Initials

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 1 NAME

The name of the corporation shall be:

Accessibility Disability Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7378 W. Atlantic Boulevard, #361
Margate, Florida 33063

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Judith A. Sarra
8073 NW 71 Court
Tamarac, Florida 33321

FILED
00 NOV 13 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

Judith A. Sarra
8073 NW 71 Court
Tamarac, Florida 33321

ARTICLE VI DIRECTOR(S)


Judith A. Sarra - President
8073 NW 71 Court
Tamarac, Florida 33321

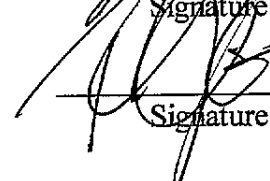
Thomas J. Ricci - Secretary/Treasurer
7378 W. Atlantic Boulevard, #361
Margate, Florida 33063

ARTICLE VII TRANSFERABILITY

It is so stipulated that among the directors, that upon the death one of the two directors: Judith A. Sarra and/ or Thomas J. Ricci, all assets and liabilities from thence forth shall transfer to the remaining director. This statement takes president over any other claimants against the corporation.

The undersigned incorporator(s) has(have executed these Articles of Incorporation this 7 day of November, 2000.



Signature


Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

Accessibility Disability Consultants, Inc.

2. The name and address of the registered agent and office is:

Judith A. Sarra
8073 NW 71 Court
Tamarac, Florida 33063

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

Judith A. Sarra, President

DATE

11/7/00

REGISTERED AGENT FILING FEE: \$35

FILED
00 NOV 13 AM 9:14
TALLAHASSEE FLORIDA
SECRETARY OF STATE