F11000000014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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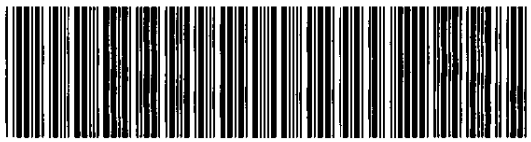

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TALLAHASSEE, FLORIDA

PS
1/3/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DISABILITY ACCESS CONSULTANTS, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BARBARA THORPE
Name of Person

DISABILITY ACCESS CONSULTANTS, INC.
Firm/Company

720 W CHEYENNE AVE., SUITE 220
Address

NORTH LAS VEGAS, NV 89030
City/State and Zip code

bthorpe@dac-corp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIE GROVER at (702) 649-7411
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☑ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DISABILITY ACCESS CONSULTANTS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA
(State or country under the law of which it is incorporated)

3. 93-1243099
(FEI number, if applicable)

4. 8/17/2007
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 720 W CHEYENNE AVE. SUITE 220, N LAS VEGAS, NV 89030
(Principal office address)

720 W CHEYENNE AVE. SUITE 220, N LAS VEGAS, NV 89030
(Current mailing address)

8. CONSULTATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL BOGA

Office Address: 7789 NORTH FLORIDA AVENUE

CITRUS SPRINGS (City), Florida 34434 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael Boga
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220
NORTH LAS VEGAS, NV 89030

Vice Chairman: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220
NORTH LAS VEGAS, NV 89030

Director: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220
NORTH LAS VEGAS, NV 89030

Director:

Address:

B. OFFICERS

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TALLAHASSEE, FLORIDA

President: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220
NORTH LAS VEGAS, NV 89030

Vice President: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220
NORTH LAS VEGAS, NV 89030

Secretary: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220, N LAS VEGAS, NV 89030

Treasurer: BARBARA THORPE

Address: 720 W CHEYENNE AVE., SUITE 220, N LAS VEGAS, NV 89030

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbara Thorpe
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. BARBARA THORPE, PRESIDENT/CEO
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DISABILITY ACCESS CONSULTANTS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 17, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 28, 2010.

ROSS MILLER
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Certificate
Certificate Number: C20101228-3729
You may verify this electronic certificate online at **http://www.nvsos.gov/**