

# F170000003828

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

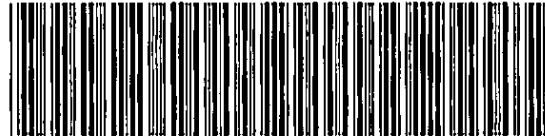
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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17 AUG 24 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JZ*  
8/25/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

52463 3601

August 11, 2017

APRIL WATSON-HORTON  
735 MERCURY AVE.  
DUNCANVILLE, TX 75137 US

SUBJECT: ACCESSIBLE ABILITY SOLUTIONS, INC.  
Ref. Number: W17000066131

We have received your document for ACCESSIBLE ABILITY SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 217A00016480

RECEIVED  
2017 AUG 24 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The correct form is attached!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accessible Ability Solutions, 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:

April Watson-Horton  
Name of Person  
Accessible Ability Solutions, Inc.  
Firm/Company  
735 Mercury Ave.  
Address  
Duncanville, TX 75137  
City/State and Zip code  
info@abilitysolutions.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Watson-Horton, 469-563-1091  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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. Accessible Ability Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") DBA Ability Solutions

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

2. Texas 3. 46-3280450  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-01-2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 735 Mercury Ave. Duncanville, TX 75137  
(Principal office address)

Same as above

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip code)

9. 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.*

April Watson-Hughes

(Registered agent's signature)

10. 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.

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17 AUG 24 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: April Watson-Horton

Address: 735 Mercury Ave  
Duncanville, TX 75137

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: April Watson-Horton

Address: 735 Mercury Ave.  
Duncanville, TX 75137

Vice President: Max Horton

Address: 735 Mercury Ave.  
Duncanville, TX 75137

Secretary: Rose Nelson

Address: 1342 Whispering Oaks Cove, Jackson MS 39212

Treasurer: Jabarri Watson

Address: 735 Mercury Ave, Duncanville, TX 75137

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

12. April Watson-Horton

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. April Watson-Horton, president

(Typed or printed name and capacity of person signing application)



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ACCESSIBLE ABILITY SOLUTIONS INC. (file number 801826314), a Domestic For-Profit Corporation, was filed in this office on August 01, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 21, 2017.



A stylized, handwritten signature of Rolando B. Pablos.

Rolando B. Pablos  
Secretary of State