TRANSMITTAL LETTER

N01000004301

APPROVED AND FILED
01 JUN 19 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Disability Apex 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 of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 19 PM 3:56
NOT INTERESTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FROM: Lisa Clarke Lawrence
Name (Printed or typed)

5230 Water Valley Dr.
Address

Tallahassee, FL. 32303
City, State & Zip

400004431034--6
-06/20/01--01003--006
*****87.50 *****87.50

487-1363 ext. 343
Daytime Telephone number

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

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6/19 w

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Disability Apex Inc.

ARTICLE II PRINCIPAL OFFICE

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

5230 Water Valley Drive, Tallahassee, FL. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist individuals in obtaining social security disability by providing all the necessary information and services that will aid in a speedy decision being made.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

In accordance to the by-laws

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Director - Lisa Clarke Lawrence 5230 Water Valley Dr. Tallahassee, FL. 32303
~~Asst.~~ Director - Charles W. Lawrence
Director - Patrice E. Holmes 410 Victory Garden Dr. Apt. 90 Tallahassee, FL. 32301

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

Lisa Clarke Lawrence
5230 Water Valley Dr.
Tallahassee, FL. 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lisa Clarke Lawrence
5230 Water Valley Dr.
Tallahassee, FL. 32303

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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.

Lisa Clarke Lawrence
Signature/Registered Agent — Date 6/19/01

Lisa Clarke Lawrence
Signature/Incorporator — Date 6/19/01