

N13.0000006/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

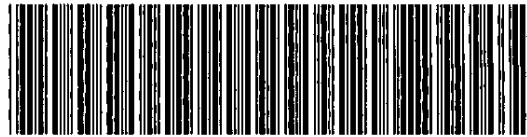
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W13 35237

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

14

COVER LETTER

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

SUBJECT: Access Benefits of Florida, 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

FROM: Sophia Rosado
Name (Printed or typed)

2790 Heatherwood Ct.
Address

Clearwater, FL 33761
City, State & Zip

813 451 9190
Daytime Telephone number

accessbenefitsofflorida@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2013

SOPHIA ROSADO
2790 HEATHER WOOD CT
CLEARWATER, FL 33761

SUBJECT: ACCESS BENEFITS OF FLORIDA, INC
Ref. Number: W13000035237

We have received your document for ACCESS BENEFITS OF FLORIDA, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 713A00015295

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be

ARTICLE II PRINCIPAL OFFICE

ACCESS ASSISTANCE OF FLORIDA, INC.

Principal street address:

3010 Babcock St
Melbourne, FL 32901

Mailing address, if different is:

2790 Heatherwood Ct
Clearwater, FL 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide service to people in

need and strengthen families through private,
community and inter-agency services and products
that will promote economic self-sufficiency.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sophia Rosado

Name and Title: _____

Address

President
2790 Heatherwood Ct
Clearwater, FL 33761

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FLORIDA

