N13000006124

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
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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 a	nd one (1) copy of the Ar	ticles 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

FROM: Sophia Rosado

Name (Printed or typed)

2790 Heather wood Ct.

Address

Clear water, Fr. 33761

City, State & Zip

B13 451 9190

Daytime Telephone number

MCUSS Denefits Office and My Mail.com

F-mail address: (to be used for future annual report positication)

ADDITIONAL COPY REQUIRED

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



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

www.sunbiz.org

ARTICLES OF INCORPORATION

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

<u>ARTICLE II</u>	PRINCIPAL OFFICE	ACCESS ASSI	ISTANCE OF FLORIDA, INC.
	PRINCIPAL OFFICE	TICLES TISS	•
<u>30</u>	Principal street address:	ck St	Mailing address, if different is: 2790 Heather wood (
	elbourne,	F_32901	Clearwater, FZ 33716
ARTICLE III The purpose for	PURPOSE which the corporation is orga	anized is: So pro	vide service to people in
need a	nd strengthe	n Janule	es Anrough private,
CAMIM	uniter and.	inter-agen	es Anrough private,
that	will pro	mote elon	onic self-sufficency.
	·		v 00 0
.			ich the directors are elected and appointed: VO-HNG
ARTICLE IV	MANNER OF ELECT	ION The manner in wh	ich the directors are elected and appointed: VOTITIG
ARTICLE V	INITIAL OFFICERS	AND/OR DIRECTORS	•
Name and Title:	Sophia Ros	ado_ Name and	
Name and Title:	Sophia Bos President	Name and Address:	
Jame and Title:	Sophia Bos President 2790 Heather	Address:	
Name and Title:	Sophia Bos President	Address:	Title:
Jame and Title:	Sophia Bos President 2790 Heather Clearwater, Fi	ado Name and Address:	Title:
Name and Title:	Sophia Bos President 2790 Heather Clear water, Fi	Address:	Title:
lame and Title: Address	Sophia Bos President 2790 Heather Clearwater, Fi	Address:	Title:
Name and Title: Address Name and Title: Address	Sophia Bos President 2790 Heather Clear water, Fi	Address:	Title:
Name and Title: Address Name and Title: Address	Sophia Bos President 2790 Heather Clear water, Fi	Address: Name and Ct 33761 Name and Address: Address:	Title: Title:
Address Name and Title: Address	Sophia Bos President 2790 Heather Clear water, Fi	Name and Address:	Title:
Name and Title: Address Name and Title: Address	Sophia Bos President 2790 Heather Clear water, Fi	Address: Name and Ct 33761 Name and Address: Address:	Title: Title:

Name and Title:	Name and Title:	FILED			
Address	Address:	13 JUL - 1 PM 4: 39			
·					
		SECRETARY OF STATE TAELAHASSEE FLORIDA			
Name and Title:	Name and Title:	-			
Address	Address:				
	-				
ARTICLE VI REGISTERED AGENT		t			
Name: Sophia Posa		s:			
Address: 2790 Heatherw					
Clearwater, Fi	, 35 (6)				
ARTICLE VII INCORPORATOR		•			
The name and address of the Incorporator is:	1_				
Name: 60phia hobac					
Address: 2790 Heatherw	ad Ct				
Clear water, Fi	33761				
•					
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment					
my Prxo	h	10/12/13			
Required Signature of Registere	l(Agent	Date			
I submit this document and affirm that the facts stated herein are true. I am aware that any 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.					
Required Signature of Inco	rporator	<u> </u>			