

# N18000007840

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(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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

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JUL 18 2018



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18 JUL 17 PM 4:49  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2018

DANIEL MALONE  
54 CROOKED PINE RD.  
PORT ORANGE, FL 32128 US

SUBJECT: BLIND ADAPT INC.  
Ref. Number: W18000060564

We have received your document for BLIND ADAPT 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):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 018A00013615

RECEIVED  
2018 JUL 17 PM 3:31  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

18 JUL 17 PM 4:49  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2018

DANIEL MALONE  
54 CROOKED PINE RD.  
PORT ORANGE, FL 32128 US

SUBJECT: BLIND ADAPT INC.  
Ref. Number: W18000052496

RECEIVED  
2018 JUN 28 AM 10:23  
REGISTRATION  
COMMERCIAL  
REGISTRATION SERVICES

We have received your document for BLIND ADAPT 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):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 518A00011679

18 JUL 17 PM 4:49  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Blind Adapt 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: Daniel Malone

Dan Malone

54 Crooked Pine Rd.

Port Orange, FL 32128

City, State & Zip

Phone: 585 739-9879

Daytime Telephone number

dm582714@gmail.com

E-mail address: (to be used for future annual report notification)

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

RECEIVED  
DIVISION OF CORPORATIONS

18 JUL 17 PM 4:49

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Blind and Adapt

Blind Adapt Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

54 Crooked Pine Road, Port Orange, FL 32128

Mailing address, if different is:

54 Crooked Pine Road, Port Orange, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide services with adaptive equipment for handicapped blind or visually impaired people with computers and software.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dan Malone President

Name and Title:

Secretary

Address:

54 Crooked Pine Road

Address:

Port Orange, FL 32128

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

NOTARIES PUBLIC - FLORIDA

18 JUL 17 PM 4:49

Name and Title: Daniel Malone, President Name and Title: \_\_\_\_\_  
Address: 54 Crooked Pine Rd Address: \_\_\_\_\_  
Port Orange, FL 32128

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Malone  
Address: 54 Crooked Pine Rd.  
Port Orange, Fl. 32128

18 JUL 17 PM 4:49  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daniel Malone  
Address: 54 Crooked Pine Rd.  
Port Orange, Fl. 32128

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 2, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

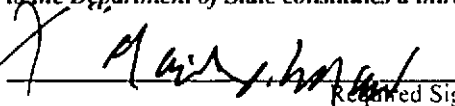
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature of Registered Agent

03/02/2018

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 Incorporator

03/02/2018

Date