

~~TRANSMITTAL LETTER~~
200003435342-3
-10/23/00--01086--008
*****78.75 *****78.75

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

200003435342-3
-10/23/00--01086--008
*****78.75 *****78.75

SUBJECT: Adapted for Access, Incorporated
(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 of Status
ADDITIONAL COPY REQUIRED

FROM: Lexander A. Reina
Name (Printed or typed)

1329 SW 72rd Avenue
Address

Miami, FL 33144-5444
City, State & Zip

305-267-3856
Daytime Telephone number

FILED
00 OCT 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

Handwritten initials and date: 10/23/00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Adapted for Access, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1329 SW 72nd Avenue
Miami, FL 33144-5444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services for accessibility to the disabled community.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

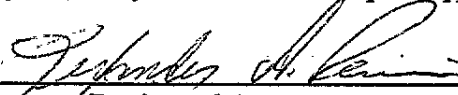
Lexander A. Reina
1329 SW 72nd Avenue
Miami, FL 33144-5444

ARTICLE VII INCORPORATOR

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


Lexander A. Reina
1329 SW 72nd Avenue
Miami, FL 33144-5444

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



Signature/Registered Agent

10-20-2000
Date



Signature/Incorporator

10-20-2000
Date

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TALLAHASSEE, FLORIDA