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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BIZCORP INTERNATIONAL INC.

Account Number : I19990000093

Phone : (561) 776-2277

Fax Number : (561) 776-2266

FLORIDA PROFIT CORPORATION OR P.A.

ACCESSIBILITY-ASSISTANCE INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

01 FEB 15 AM 11:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight FEB 15 2001

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: ACCESSIBILITY-ASSISTANCE INC.

ARTICLE II - PRINCIPAL OFFICE

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

610 East Sample Rd.
Pompano Beach, FL 33064

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common stock, \$2.00 par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John Fuller
1111 Lincoln Rd.
Suite 802
Miami Beach, FL 33139

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TALLAHASSEE, FLORIDA

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ARTICLE V - INITIAL DIRECTOR(S)

The names and addresses of the initial members of the corporation's Board of Directors are:

Peter A. Spalluto
1620 N. Ocean Blvd.
Pompano Beach, FL 33062

Kathy Spalluto
1620 N. Ocean Blvd.
Pompano Beach, FL 33062

ARTICLE VI - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

BIZCORP INTERNATIONAL INC.
4400 PGA Blvd.
Suite 700
Palm Beach Gardens, FL 33410

The undersigned incorporator has executed these Articles of Incorporation this 13th day of February, 2001.

BIZCORP INTERNATIONAL INC.

By: _____


Stephen Levy
(Pres.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.**

1. The name of the corporation is: ACCESSIBILITY-ASSISTANCE INC.

2. The name and address of the registered agent and office is:

**John Fuller
1111 Lincoln Rd.
Suite 802
Miami Beach, FL 33139**

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



John Fuller

02/12/01

(Date)

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