TRANSMITTAL LETTER

P01000097961

ACCEPTED AND FILED
01 OCT -8 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Disability Apex, Inc.
(Proposed corporate name - must include suffix)

900004627259--8
-10/08/01--01065--033
****122.50 *****87.50

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: Lisa Clarke Lawrence
Name (Printed or typed)

5230 Water Valley Dr.
Address

Tallahassee, FL. 32303
City, State & Zip

(850) 877-5081
Daytime Telephone number

RECEIVED
01 OCT -8 PM 12:33
DIVISION OF CORPORATION

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

10/8/01

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Disability Apex, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 180549 Tallahassee, FL. 32318-0549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist individuals in obtaining social security disability benefits, and other related activities.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lisa Clarke Lawrence CEO
Charles W. Lawrence CFO
5230 Water Valley Drive Tallahassee, FL. 32303

ARTICLE VI REGISTERED AGENT

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

Lisa Clarke Lawrence
5230 Water Valley Dr.
Tallahassee, FL. 32303

ARTICLE VII INCORPORATOR

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

Lisa Clarke Lawrence
5230 Water Valley Dr.
Tallahassee, FL. 32303

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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

Lisa Clarke Lawrence
Signature/Registered Agent — Date 10/8/01

Lisa Clarke Lawrence
Signature/Incorporator — Date 10/8/01

I Lisa Clark Lawrence, director of Disability Apex, Inc. a not for profit incorporation, will not revoke the articles of dissolution processed on this 8th day of October 2001.

X Lisa Clark Lawrence 10/8/01

Florida Drivers Lic # L652-523-74-770-0

Judy Eure
MY COMMISSION # CC702549 EXPIRES
January 26, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Judy Eure

APPROVED
AND
FILED
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TALLAHASSEE, FLORIDA