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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Ďo	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

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

(904) 247-3356

Daytime Telephone number

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: Access Corporate Communications Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10/5 Atlantic Blud. # 352 Atlantic Beach, FL 32233
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To provide professional Services.
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: John C. Fino 1ti 376 4th Street AHantic Beach, FL 32233
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John C. Finotti 376 4th Street Atlantic Beach, FL 32233
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 Date

Signature/Incorporator

John C. Finotti

6-3-04 Date