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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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

SUBJECT: All Access (PROPOSED CORPORA)	operties and Managment INC.	
•		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
S70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 \$\$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: John P Anderson		
Name (Printed or typed)		
395 Boca Cica A Dr		
Madeira Beaut	FL 33708 State & Zip	
727 - 319 - 49 Daytime To	923 elephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: All Access Properties and Managment INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 395 Boca Crega Or Madeira Beach FL 33708
The purpose for which the corporation is organized is: Buying, Selling, Managing, Rehabing Reving & Leasing, Real Estate.
ARTICLE IV SHARES The number of shares of stock is: 1000.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): John P Anderson, 395, Boca Ciega Dr Madeira Beach Fr President, owner, operator, LEO. 33708
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: John P Anderson 395 Boca Ciega Ar Madeira Brack FC 33708
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOHN PANDERSON 395 Boca Cicya Dr Madeira Beach FC 33704

Signature/Registered Agent Date Out 2313-06 Signature/Incorporator Date

ARTICLES OF INCORPORATION