## P0700009108

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
ANT ANASSEE, FLORID.

KS 10/3/07

## **COVER LETTER**

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

SUBJECT:	HOME ACCESS	ibility Sol	utions, In	
Enclosed are an orig	ginal and one (1) copy of the artic			
<b>⊠</b> \$70.00		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: MATTHEW BROKS Name (Printed or typed)				
ST. PETERS burg Fc. 33701  City, State & Zip				
	(727) 644-0			

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Home Accesibility Solutions, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 226 12th AVE NE ST. PETERSburg FL <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: Any and all legal and lawful business in the state of The number of shares of stock is: 7500 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MATTHEW Brooks 226 12th ave NE, ST. PETERSburg, FL President CEO REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MATTHEW Brooks 226 12th AUE NE, ST. PETERSburg FI, 33701 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Brooks MATTHEW 226 12Th AJE NE St. PETERSLAG, FL 33701 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

mature/Incorporator