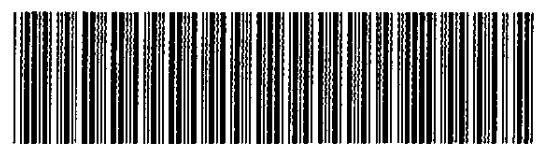


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Web Accessibility Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carol Dorety
Name (Printed or typed)

1963 Rolling Green Cir
Address

Sarasota, FL 34240
City, State & Zip

941-928-8614
Daytime Telephone number

cdorety@comcast.net
E-mail address: (to be used for future annual report notification)

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 NAME Web Accessibility Solutions, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1963 Rolling Green Cir
Sarasota, FL 34240

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Provide accessibility solutions to companies in need of making web sites accessible for the aging and disabled communities

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Dorety, CEO Name and Title: _____
Address: 1963 Rolling Green Cir Address: _____
Sarasota, FL 34240

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pridemore & Associates, CPAs, P.A.
Address: 229 Tamiami Trail South
Venice, FL 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Dorety
Address: 1963 Rolling Green Cir
Sarasota, FL 34240

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

Sandrak Pridemore CPA

Required Signature/Registered Agent

4/20/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carol Dorety

Required Signature/Incorporator

4/20/2011

Date