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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 12 PM 1:19

PS 12/13/11

COVER LETTER

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

SUBJECT: Ability Worldwide, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Suzanne Schwitalla

Name (Printed or typed)

17807 Osprey Pointe Place

Address

Tampa, FL 33647

City, State & Zip

410.570.5123

Daytime Telephone number

suzanne@abwwi.com

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Ability Worldwide, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
17807 Osprey Pointe Place
Tampa, FL 33647

11 DEC 12 PM 1:19
Mailing address, if different is:
P.O. BOX 48737
Tampa, FL 33646

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to provide management consulting, training, market analysis and logistics services.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne Schwitalla, President
Address: 17807 Osprey Pointe Place
Tampa, FL 33647

Name and Title: _____
Address: _____

Name and Title: Daniel Schwitalla, Secretary
Address: 17807 Osprey Pointe Place
Tampa, FL 33647

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Suzanne Schwitalla
Address: 17807 Osprey Pointe Place
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanne Schwitalla
Address: 17807 Osprey Pointe Place
Tampa, FL 33647

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

Suzanne Schwitalla

Required Signature/Registered Agent

December 6, 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.

Suzanne Schwitalla

Required Signature/Incorporator

December 6, 2011
Date