

P12000035266

https://file.sunbiz.org/scripts/fillcovr.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000096951 3)))



H120000969513ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ADJAC, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

APR 13 2012

(((H12000096951 3)))

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: **ADJAC, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 NORTH ASHLEY DRIVE, STE. 2200
TAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALFRED D. ANGELONE (PRESIDENT/DIRECTOR)**
Address: **400 NORTH ASHLEY DRIVE, STE. 2200**
TAMPA, FL 33602

Name and Title:
Address:

Name and Title:
Address:

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: **ALFRED D. ANGELONE**
Address: **400 NORTH ASHLEY DRIVE, STE. 2200**
TAMPA, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **SHELDON KLEEGER, ESQ.**
Address: **244 FIFTH AVENUE, 2ND FL.**
NEW YORK, NY 10001

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

ALFRED D. ANGELONE

Required Signature/Registered Agent

4-12-12

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.

SHELDON KLEEGER, ESQ.

Required Signature/Incorporator

4-12-12

Date

(((H12000096951 3)))