

P13000079266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

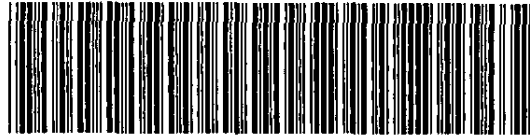
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
9/25/13

## COVER LETTER

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

SUBJECT:

FOR ACCESS, 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:

Peggy Huerlander

Name (Printed or typed)

7089 Catalina Isle Drive

Address

Lake Worth FL

City, State & Zip

33467

561-777-5240

Daytime Telephone number

ivaccess@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**

The name of the corporation shall be:

FOR ACCESS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7089 Catalina Bldg Drive  
LAKE WORTH FL  
33467

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

medical company insertion of IV Access  
lines in patients in skilled  
nursing homes and hospitals.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Peggy Huerlander

Name and Title:

President

Address

7089 Catalina Bldg Dr  
LAKE WORTH FL.  
33467

Address:

Name and Title:

Peggy Huerlander

Name and Title:

Vice President

Address

7089 Catalina Bldg Dr  
LAKE WORTH FL  
33467

Address:

Name and Title:

Peggy Huerlander

Name and Title:

Treasurer

Address

7089 Catalina Bldg Dr  
LAKE WORTH FL 33467

Address:

Name and Title: Peggy Huebler Name and Title: Secretary  
Address: 7089 Catalina Isle Dr Address: \_\_\_\_\_  
LAKE WORTH FL 33467 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Peggy Huebler  
Address: 7089 Catalina Isle Drive  
LAKE WORTH FL 33467

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peggy Huebler  
Address: 7089 Catalina Isle Dr.  
LAKE WORTH FL 33467

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

Peggy Huebler  
Required Signature/Registered Agent

9/20/2013  
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.

Peggy Huebler  
Required Signature/Incorporator

9/20/2013  
Date