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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

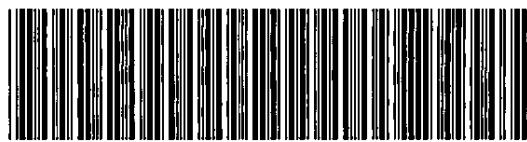
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Office Use Only

COVER LETTER

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

SUBJECT: Complete ADA Compliance 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: Giovanna Paloni

Name (Printed or typed)

1015 Spanish River Rd. #109

Address

Boca Raton, FL 33432

City, State & Zip

561 409-9555

Daytime Telephone number

completeADACompliance@gmail.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)

ARTICLE I NAME

The name of the corporation shall be:

Complete ADA Compliance **Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1015 Spanish River Road #109

Boca Raton, FL 33432

Mailing address, if different is:

RECEIVED
RECORDED
IN THE
CIRCUIT
CLERK'S
OFFICE
OF THE
STATE OF
FLORIDA
NOV 13 1987
4 PM
FBI
ORLANDO
FBI
ORLANDO

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENGAGED IN BUSINESS UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giovannia Paloni Name and Title: President

Address: 1015 Spanish River Rd. Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: Giovannia Paloni
Address: 1015 Spanish River Rd. #109
Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Giovannia Paloni
Address: 1015 Spanish River Rd.#109
Boca Raton, FL 33432

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

Required Signature/Registered Agent

10/31/2013
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.

Required Signature/Incorporator

10/31/2013
Date