

P14 0000044465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

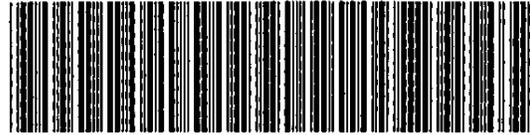
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14 MAY 16 PM 3:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: ACCESS SUPPORT COORDINATORS 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: ACCESS SUPPORT COORDINATORS INC.
Name (Printed or typed)

2585 SW National Circle
Address

Port Saint Lucie, Florida, 34953
City, State & Zip

772-341-0713
Daytime Telephone number

accesscoordinators@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: ACCESS SUPPORT COORDINATORS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2585 SW NATIONAL CIRCLE

Port Saint Lucie Florida

34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

14 MAY 16 PM 3:16
DIVISION OF CORPORATE AFFAIRS
SECRETARY OF STATE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodrigo Mosquera President

Name and Title: Blanca Doris Carranza vice-P.

Address: 2585 SW National Circle

Address: 2585 SW National Circle

Port Saint Lucie

Port Saint Lucie

Florida 34953

Florida 34953

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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: Rodrigo Mosquera
 Address: 2585 SW NATIONAL CIRCLE
Port Saint Lucie Fl. 34953

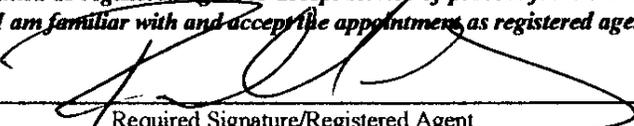
DIVISION OF PROFESSIONAL REGULATION
 MAY 16 3 16 PM '14

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rodrigo Mosquera
 Address: 2585 SW NATIONAL CIRCLE
Port Saint Lucie, Fl, 34953

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

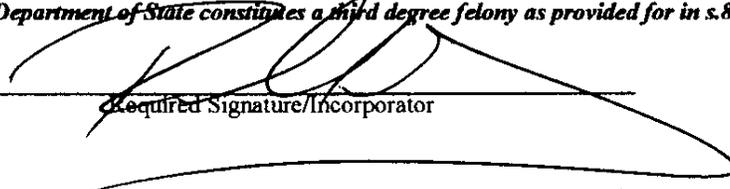


 Required Signature/Registered Agent

5/14/14

 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

5/14/14

 Date