

P15000014783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

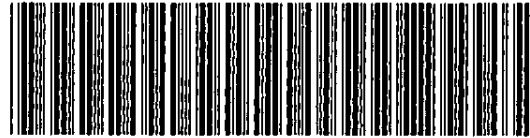
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/15--01020--016 **78.75

FILED
15 FEB -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-13-15

COVER LETTER

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

SUBJECT: Axxess Point, 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: Carl Erickson
Name (Printed or typed)
12439 Westfield Lakes Circle
Address
Winter Garden, FL 34787
City, State & Zip
407.312.5384
Daytime Telephone number
carlerickson1@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

Axxess Point, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12439 Westfield Lakes Circle

Winter Garden, FL 34787

ARTICLE III PURPOSE

Designed and managed to deliver business

The purpose for which the corporation is organized is:

development strategies to small and medium medical businesses.

ARTICLE IV SHARES 200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Erickson, CEO

Name and Title: Ivan Valenzuela, COO

Address 12439 Westfield Lakes Circle

Address: 9348 Dorset Drive

Winter Garden, FL 34787

Orlando, FL 32817

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

Carl Erickson

Name: _____

12439 Westfield Lakes Circle

Address: _____

Winter Garden FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carl Erickson

Name: _____

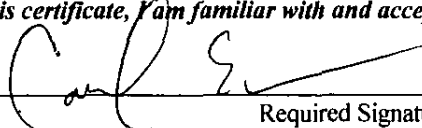
12439 Westfield Lakes Circle

Address: _____

Winter Garden, FL 34787

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

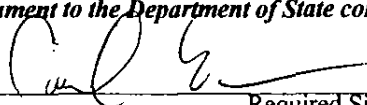


Required Signature/Registered Agent

2/5/2015

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

2/5/2015

Date