101/2020 15:39 From Fi

lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : I.N.C. CORPORATE SERVICES

Account Number : 120000000011 Phone : (718)888-7773 Fax Number : (718)888-8559

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

Email	Address:	cs@incfilings.com	
	AUGULESS:		

FLORIDA PROFIT/NON PROFIT CORPORATION

Access2Achieve Inc

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

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Help

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07/01/2020 15:39 From: 71888888559 I N C Webfax Page: 2/5

COVER LETTER

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

SUBJECT:A	ccess2Achieve Inc		
	(PROPOSED CORPORAT	E NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:
☑ \$70.00 Filing Fec	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Ariana	Kim (Printed or typed)	<u>-</u>
	45-04 162nd Street, Suite 203		
-	A	ddress	 _
	Flushing, I	NY 11358	
	City,	State & Zip	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

718-888-7773

Daytime Telephone number

cs@incfilings.com

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	n shall be: Access2Acrillevi		
<u>CLE II PRINCIF</u> Pr	PAL OFFICE incipal <u>street</u> address	Mailing a	ddress, if different is:
3 Deer Tracks Trail,	Lakeland, FL 33811		
TLE III PURPOS rpose for which the	E corporation is organized is: Any a	and all lawful business	•
·	• •		
\$ <u>\$</u>			
• • •			•
·			
			-
CLE IV SHARE amber of shares of st	ock is: 200	<u> </u>	3
amber of shares of st	OFFICERS AND/OR DIRECTORS Michelle McCahe President		<u>ن</u> چ
imber of shares of st CLE V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Michelle McCabe, President	Name and Title:	ợ.
amber of shares of st	OFFICERS AND/OR DIRECTORS Michelle McCahe President	Name and Title: Address:	<u>ق</u> چ
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Mame and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Michelle McCabe, President 5623 Deer Tracks Trail	Address: Name and Title:	<u>ن</u> چ
mber of shares of startes of startes of startes of shares and Title: Address	OFFICERS AND/OR DIRECTORS Michelle McCabe, President 5623 Deer Tracks Trail Lakeland, FL 33811	Address: Name and Title: Address:	Ģ.
Mame and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Michelle McCabe, President 5623 Deer Tracks Trail Lakeland, FL 33811	Address: Name and Title: Address:	G.
number of shares of states of states. Name and Title: Address Name and Title: Address	Michelle McCabe, President 5623 Deer Tracks Trail Lakeland, FL 33811	Address: Name and Title: Address:	o, c
number of shares of states of states. Name and Title: Address Name and Title: Address	Michelle McCabe, President 5623 Deer Tracks Trail Lakeland, FL 33811	Name and Title: Address: Name and Title:	Ö.

Name an	d Title:	Name and Title:	
Address			
RTICLE VI he name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
lame:	Sean McCabe		
Address:	5623 Deer Tracks Trail	•	
	Lakeland, FL 33811	_	
PTICLE UN	N'CORROR (TO-	•	
	INCORPORATOR		
he <u>name and a</u>	iddress of the Incorporator is:		
Name:	Martin Ahn	-	
Address:	45-04 162nd Street, Suite 203	_	
	Flushing, NY 11358	_	
RTICLE VIII	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	
f an effective ling.)	date is listed, the date must be specific and cannot	of be more than five days prior or 90 days after the	
Note: If the da	te inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as	
Having been no certificate, I am	imed as registered agent to accept service of process f a familian with and accept the appointment as registed	for the above stated corporation at the place designated in this red agent and agree to act in this capacity	
7	The ?	06/24/2020	
	Required Signature/Registered Agent	Date	
submit this d	ocument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a	
document/\gth	e Perfirtment of State constitutes a third degree felon	ny as provided for in s.817.155, F.S.	

Access2Achieve LLC

5623 Deer Tracks Trail Lakeland, FL 33811

Dear FL Division of Corporations,

I, Michelle McCabe, certify that I am the owner of Access2Achieve LLC (Document #L20000119732) and wish to file a corporation with the same name: Access2Achieve Inc.

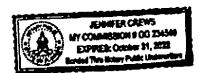
Mkw: Cabe

Michelle McCabe

State of Florida) ss.

County of Polk)

On the 25th day of Sure 2020 before me, the undersigned, a Notary Public in and for said State, personally appeared Michelle McCabe, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

20 JUN 30 PH 9: 43