

P 970000 96276

TRANSMITTAL LETTER

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

FILED
97 NOV 10 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Social Security Disability Advocates, Inc.

(Proposed corporate name - must include suffix)

300002342743--5

-11/10/97-01095--004

*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: V. Balletto & Associates, Inc.

Name (printed or typed)

3956 Town Center Blvd., #165

Address

Orlando, FL 32837

City, State & Zip

(407) 248-9877

Daytime Telephone number

F. CHAMBERLAIN NOV 12 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Social Security Disability Advocates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3001 Aloma Ave., #226B
Winter Park, FL 32792

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Humberto Azpeitia, Jr.
3001 Aloma Ave., #226B
Winter Park, FL 32792

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

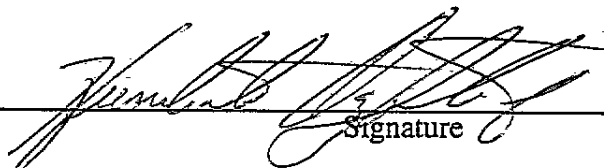
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Humberto Azpeitia, Jr.
3001 Aloma Ave., #226B
Winter Park, FL 32792

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of October, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Social Security Disability Advocates, Inc.

2. The name and address of the registered agent and office is:

Humberto Azpeitia, Jr.

(NAME)

3001 Aloma Ave., #226B

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Winter Park, FL 32792

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

11/5/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314