POSSIBLE TER SOLUTION OF TRANSMITTAL LETTER SOLUTION OF TRANSM

The Faralegal Center Inc.

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

SUBJECT:	(Proposed corpor	ate name - must include suff	ix)	
		9	00003 085589 -01/03/0001037 *****87.50 ******	007 87.5
Enclosed is an origina	al and one(1) copy of the article	es 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:	Name (Pr	BRAUNE inted or typed)		
4066 CulBreath Road.				
	Brooks v	ihhe H. 3 State & Zip	34601. PH 6:	FILED
	352 - 597 - Daytime To	1516 3sa	-799· H472 · F	-

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

2/3/2

ARTICLES OF INCORPORATION

SECRETARY OF STATE
DIVISION OF CORPORATION

OD JAN 2

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

ARTICLE I NAME

The name of the corporation shall be: THE PARALEGAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

4066 Culbreath Road, Brooksville, FL 34601

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 Florida address of the initial registered agent are:

Anita L. Braune 4066 Culbreath Road Brooksville, Florida 34601

ARTICLE V _INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Anita L. Braune 4066 Culbreath Road Brooksville, Florida 34601

Signature/Incorporator

Date

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/Registered Agent

Le 30, 1999

Date