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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

SUBJECT: Accent Paralegal, Incorporated

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 and Certificate of Sta	itus
	\$78.50, Filing Fee and Certified Copy (additional copy required)	
XX	\$87.50, Filing Fee, Certified Copy and Certificate of Status (additional copy required)	
FROM:	Barbara J. Hixenbaugh 544 Cypress Tree Court Orlando, FL 32825 (407) 482-4339	9000032 741 598 -06/01/0001088008 *****87.50 *****87.50

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

ARTICLES OF INCORPORATION (profit)

Article I: NAME

The name of the corporation shall be: Accent Paralegal, Inc.

Article II: PRINCIPAL OFFICE

The principal place of business/mailing address is:

544 Cypress Tree Court Orlando, FL 32825

Article III: PURPOSE

The purpose for which the corporation is organized is: To perform any and all types of business which are legal under Florida Statute.

SHARES Article IV:

The number of shares of stock is 1000, all of which is owned by Barbara J. Hixenbaugh.

INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es) of the initial officer(s) are:

President: Barbara J. Hixenbaugh

544 Cypress Tree Court

Orlando, FL 32825

Vice President: Barbara J. Hixenbaugh

Treasurer:

Barbara J. Hixenbaugh

Secretary:

Barbara J. Hixenbaugh

Article VI: <u>REGISTERED AGENT</u>

The Name and Florida Street Address of the registered agent is:

Barbara J. Hixenbaugh 544 Cypress Tree Court Orlando, FL 32825

Article VII: INCORPORATOR

The name and address of the Incorporator is:

Barbara J. Hixenbaugh 544 Cypress Tree Court Orlando, FL 32825

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

Signature/Registered Agent Date

Signature/Incorporator

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