

TRANSMITTAL LETTER

PO1 00000 5184

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

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-01/12/01--01011--008
*****87.50 *****87.50

SUBJECT: PARAGON CASE MANAGEMENT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: LISA ANDERSON
Name (Printed or typed)

1547 MAYFIELD ROAD
Address

JACKSONVILLE, FLA. 32259
City, State & Zip

(904) 287-0157
Daytime Telephone number

01 JAN 11 PM 6:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Feb 1/12
(4)

ARTICLES OF INCORPORATION

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PARAGON CASE MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

450 STATE ROAD 13 N.
SUITE 106 #151
JACKSONVILLE, FLA. 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VOCATIONAL AND MEDICAL CASE MANAGEMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

NANCY WELLS, PRESIDENT, 7625 KELMSCOT WAY, RALEIGH, NC 27615
LISA ANDERSON, VICE-PRESIDENT, 1547 MAYFIELD RD., JACKSONVILLE
FLA. 32259

CARLA MARSHBURN, DIRECTOR, 134 WIND CHIME CT.,
RALEIGH, NC 27615

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LISA ANDERSON
1547 MAYFIELD ROAD
JACKSONVILLE, FLA. 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NANCY WELLS
134 WIND CHIME COURT
RALEIGH, NC 27615

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

Lisa Anderson
Signature/Registered Agent

1/3/01
Date

Nancy Wells
Signature/Incorporator

1/3/01
Date