# P01000022890

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 OI MAR -1 PM 3: 22
SECRETARY OF STATE
AND ANASSEE FLORIDA

SUBJECT: FLORIDA FAMILY PARALEGAL SERVICES, INC.

I enclose an original and \_1\_ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

SIGNED: Hose Mar	ie Alvan l	Vilson	
From:			
ROSE MARIE SLOAN WILS	SON		)
Name			
12041-A 66TH STREET NO	ORTH		
Address			
LARGO, FLORIDA 33773	-	. •	
City	State	Zip	
727-538-5777			
Telephone Number			

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## ARTICLES OF INCORPORATION

OF

# FLORIDA FAMILY PARALEGAL SERVICES, INC.

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: FLORIDA FAMILY PARALEGAL SERVICES, INC.

# ARTICLE II PRINCIPAL OFFICE

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

12041-A 66<sup>TH</sup> STREET NORTH LARGO, FLORIDA 33773

# ARTICLE III CAPITAL STOCK

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

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROSE MARIE SLOAN WILSON  $12041-A 66^{TH}$  STREET NORTH LARGO, FLORIDA 33773

### ARTICLE V INCORPORATOR

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

ROSE MARIE SLOAN WILSON 12041-A 66<sup>TH</sup> STREET NORTH LARGO, FLORIDA 33773

The undersigned has executed these Articles of Incorporation this 260 day of February, 2001.

ROSE MARIE SLOAN WILSON, Incorporator

FILED

### CERTIFICATE OF DESIGNATION

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REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

FLORIDA FAMILY PARALEGAL SERVICES, INC.

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

ROSE MARIE SLOAN WILSON 12041-A 66TH STREET NORTH LARGO, FLORIDA 33773

Signature: Jose Marie Sloan Willson

Title: PRESIDENT

Date: <u>2/26/01</u>

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: Gose Marie Slaga Wilson

Date: 2/26/01