## Department of State Division of Corporations

Florida Mediation Services,

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

SUBJECT:

**700003854187**----03/15/01--01063--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is on origin			• •	
\$70.00 Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Carol Ste.	Claire	PY REQUIRED	
	Name (Printed or typed)  246 St. George St.			
St. Augustine, Florida 33624 32084				
	/ - >	tate & Zip 77-1899		

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

Daytime Telephone number

30 N

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Florida Mediation Services, I	nc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  246 St. George St.  St. Augustine, FL 33 32084  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	OMMR 15 MID: 19
ARTICLE IV SHARES The number of shares of stock is:	··· • · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Carol Ste Claire	
246 St. George St St. Augustine, Florida 32084	
ARTICLE VII YNCORPORATOR  The name and address of the Incorporator is:	
Carol Ste Claire	
St. Augustine Florida 32084 ************************************	*******
Having been named as registered agent to accept service of process for the above stated co certificate; I am familiar with and accept the appointment as registered agent and agree to	rporation at the place designated in this act in this act in this capacity
(ast De Care)	March 12,200
Signature/Registered Agent	Date /
(all Hellare)	March 12, 200
Signature/Incorporator	Date

ARTICLES OF INCORPORATION