TRANSMITTAL LETTER

P01000037650

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

300003973423--8 -04/03/01--01137--026 *****87.50 *****87.50

			stadestadeshill f # **	10 4-4-4-4-0 F* 30
SUBJECT:E	SR Professional Writing S	Services, Inc.		-
	(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)	^
			30000397 -04/03/01- *******	423-8 1137-25023 50 *****87.50
Enclosed is an origi	nal and $one(1)$ copy of the article	es of incorporation an	d a check for:	()
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL (\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM	1: Dr. Ernestine S. Rob	ineon		
TROM	Name (Printed or typed)		ALLA	OI APR -9
16918 N.W. 83rd Place Address			AS	
			· · · · · · · · · · · · · · · · · · ·	ILED 9 AM IO: 47
	Miami Lakes, FL 330	16	- <u></u>	:0:
	City,	State & Zip	- Dr	Ti 5
	(954) 963-8891			
•	Daytime T	elephone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I 'NAME

The name of the corporation shall be:

ESR Professional Writing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16918 N.W. 83rd Place Miami Lakes, FL 33016

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide a variety of writing services (e.g, major addresses/speeches, position papers, workshop presentations, panel presentations) for corporate executives, college/university administrators, and other clientele.

ARTICLE IV **SHARES**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Dr. Ernestine S. Robinson, President 16918 N.W. 83rd Place Miami Lakes, FL 33016

ARTICLE VI REGISTERED AGENT

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

Dr. Ernestine S. Robinson. 16918 N.W. 83rd Place Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Dr. Ernestine S. Robinson 16918 N.W. 83rd Place Miami Lakes, FL 33016

Having been hamed 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