

TRANSITIAL CENTER  
**P01000070114**

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

SUBJECT: THE Assistance Program Inc.  
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

200004477782--7  
-07/16/01--01101--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

ADDITIONAL COPY REQUIRED

FROM: Carlina Michelle Fitts  
Name (Printed or typed)

3619 E. Clifton St.  
Address

Tampa, FL 33610  
City, State & Zip

(813) 988-1560  
Daytime Telephone number

813-510-6020

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

FILED  
01 JUL 16 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W 16348

Carlina Fitts  
AUTHORIZATION BY PHONE TO  
CORRECT art III + VI  
DATE 7-17-01  
OC. EXAM BR

# 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:

THE Assistance Program Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7628 56th Street North Ste. 11  
Tampa, FL 33617

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide certain legal services to the public.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

1. Carlina Michelle Fitts, President (3619 E. Clifton, Tampa, FL 33610)
2. Brenda Fitts, Vice-President (8606 Wood Ridge Rd., Tampa, FL 33619)
3. Sharon Lynn McDaniel, Secretary (1341 Waiiki Ki Way, Tampa, FL 33610)
4. Carl Fitts, Sr., Treasurer (3410 E. Henry St., Tampa, FL 33610)

## ARTICLE VI REGISTERED AGENT

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

Carlina Michelle Fitts  
7628 56th Street North Ste. 11  
Tampa, FL 33617

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlina Michelle Fitts  
3619 E. Clifton Street  
Tampa, FL 33610

\*\*\*\*\*  
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

Carlina Fitts  
Signature/Registered Agent

7/12/01  
Date

Carlina Fitts  
Signature/Incorporator

7/12/01  
Date

FILED

01 JUL 16 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA