

P010000/22483
TRANSMITTAL LETTER

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

600004744886--9
-12/31/01--01055--008
*****70.00 *****70.00

SUBJECT: Maynard + Associates, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Sara Maynard
 Name (Printed or typed)

1921 Leone Drive
 Address

Tallahassee, FL 32308
 City, State & Zip

(850) 656-2553
 Daytime Telephone number

FILED
01 DEC 31 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PS
12/31/01

FILED

ARTICLES OF INCORPORATION

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

01 DEC 31 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Maynard + Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1921 Leone Drive
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide transcription/document processing
services to doctors + lawyers.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sara Maynard
1921 Leone Drive
Tallahassee, FL 32308
(President)

Marc Maynard
1921 Leone Drive
Tallahassee, FL 32308
(Vice-President)

ARTICLE VI REGISTERED AGENT

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

Sara Maynard
1921 Leone Drive
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sara Maynard
1921 Leone Drive
Tallahassee, FL 32308

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

Sara Maynard
Signature/Registered Agent

12/28/01
Date

Sara Maynard
Signature/Incorporator

12/28/01
Date