PO 20 PRINTACIPIENT SECRET STATE DIVISIONS

02 SEP 19 PM 12: 09

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

SUBJECT:

Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	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 of Status
		ADDITIONAL CO	PY REQUIRED
FROM:			OZ SEP
Name (Printed or typed) 1820 XKon Blotteld Address			TO PRIVE
	Tollahossee, Fl City,	ろろうり State & Zip	10 ST
	FSD - S75-	5898	N

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

pay/02

*****78.75 *****78.75

	FILED SECRETARY OF STATE DIVISION OF CAME - SATIONS
ARTICLE I NAME	DIVISION OF CAUCHEATIONS
The name of the corporation shall be: Culky 1cte Legal Services P. A	02 SEP 19 PH12: 09
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 1018 Thorson Cond, Suffe 2018 Telluhessee, F1 32301	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	•
ARTICLE IV SHARES The number of shares of stock is: /	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT	·
The name and Florida street address of the registered agent is:	
Scott RSS 1018 Thores - 11/E Rd Sut 2008 Telle Lesgel F1 323011	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Scott RKS 1018 Thomswith RN, Suth 20018	
Tallahuscee, FT 32804	
******************	***********
Having been named as registered agent to accept service of process for the above sto certificate, I am familiar with and accept the appointment as registered agent and ag	ated corporation at the place designated in this ree to act in this capacity
	9-19-02
Signature/Registered Agent	$\frac{9-9-02}{\text{Date}}$

Signature/Incorporator