

PO3000097285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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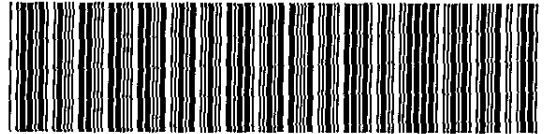
(Business Entity Name)

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VALIDATION ONLY

9/4/03  
Elizabeth Hidalgo  
Requestor's Name  
1570 W. 43rd Pl. #24  
Address  
Hiatah, FL 33012  
City State ZIP Phone

(305) 820-9814B

CORPORATION(S) NAME

ALL IN ONE PARALEGAL SERVICES INC.

Empire Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

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CERTIFIED COPY

## **ARTICLES OF INCORPORATION**

**We, the undersigned, as proper persons acting as Incorporators of a corporation under the Laws of the State of Florida, adopt the following Articles of Incorporation:**

### **ARTICLE I**

**The name of the corporation shall be:**

**ALL IN ONE PARALEGAL SERVICES INC.**

### **ARTICLE II**

**The principal place of business and mailing address of this corporation shall be:**

**HIALEAH Florida**

**1570 WEST 43<sup>RD</sup> PLACE SUITE 24  
HIALEAH FL. 33012**

### **ARTICLE III**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
100 \$ 1.00 par value**

### **ARTICLE IV**

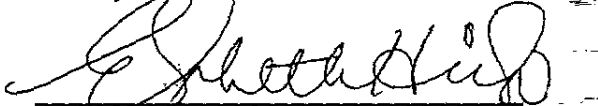
**The name and address of the initial registered agent is:**

**ELIZABETH HIDALGO  
1570 WEST 43<sup>RD</sup> PLACE # 24  
HIALEAH FLORIDA 33012**

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**ARTICLE V**

The name and street address of the incorporator to these Articles of incorporation is:



ELIZABETH HIDALGO  
President

C/O: COMPANY

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

The name of the corporation is:

ALL IN ONE PARALEGAL SERVICES INC.

The name and address of the registered agent and office is:

ELIZABETH HIDALGO  
1570 WEST 43<sup>RD</sup> PLACE # 24  
HIALEAH FL. 33012

Signature: 

Date: September 3, 2003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS A REGISTERED AGENT.

Signature: 

Date: September 3, 2003

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