

P041000062487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

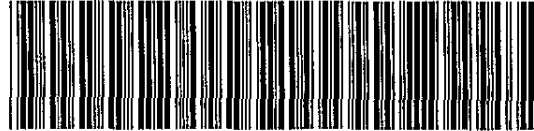
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: PARALEGAL & MORE, 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 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 COPY REQUIRED

FROM: HYACINTH MARTIN CLAYTON
Name (Printed or typed)

7800 W. OAKLAND PARK BLVD, #C107
Address

SUNRISE, FLORIDA 33351
City, State & Zip

954-746-3786
Daytime Telephone 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:
PARALEGAL & MORE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
7800 W. OAKLAND PARK BLVD, C107
SUNRISE, FLORIDA 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
LEGAL DOCUMENT PREPARATION SERVICES

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
HYACINTH MARTIN CLAYTON (OFFICER)
SHIRLEY MARTIN WILSON (DIRECTOR)
RAPHEAL WILLIAMSON (DIRECTOR)

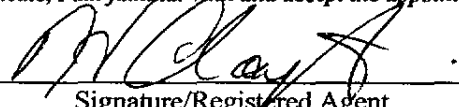
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
HYACINTH MARTIN CLAYTON
7800 W. OAKLAND PARK BLVD, C107
SUNRISE, FLORIDA 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
HYACINTH MARTIN CLAYTON
7800 W. OAKLAND PARK BLVD, #C107
SUNRISE, FLORIDA 33351

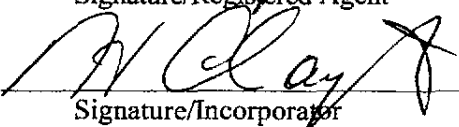
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/5/04

Date



Signature/Incorporator

4/5/04

Date

04 APR - 8 PM 3:25

FILED
STATE OF FLORIDA
TALLAHASSEE