

P04000/35736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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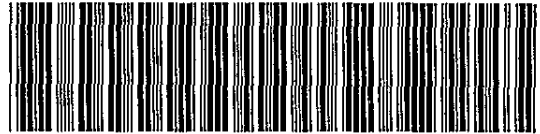
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/9/04

TRANSMITTAL LETTER

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

SUBJECT: A Better Bankruptcy Paralegal Service, 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: Jeri E. Mallard

Name (Printed or typed)

19021 Portofino Dr.

Address

Tampa, Fl. 33647

City, State & Zip

(813) 977-9816

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:

A Better Bankruptcy Paralegal Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5118 N. 56th St., Suite 208
Tampa, Fl. 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bankruptcy Paralegal Service

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jeri E. Mallard - President & CEO
19021 Portofino Dr.
Tampa, Fl. 33647

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

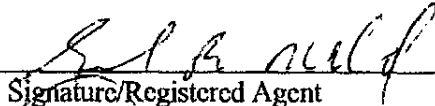
Samuel R. Mallard
5118 N. 56th St., Suite 103
Tampa, Fl. 33610

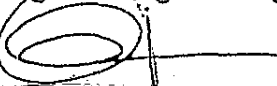
ARTICLE VII INCORPORATOR

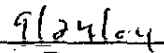
The name and address of the Incorporator is:

Jeri E. Mallard
19021 Portofino Dr.
Tampa, Fl. 33647

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


Signature/Incorporator


Date


Date

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TALLAHASSEE, FLORIDA