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TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323			NO COMMA
SUBJECT:	AFFOROABL (PROPOSED CORPORA	E AFTORNA ATE NAME - MUST INCL	LOPESUFFIX)
Enclosed are an origi	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Name	MHECHAN e (Printed or typed)	· ,
	561-558-	Address FC 33497 State & Zip Telephone number	

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

ARTICLE I NAME	04 NOV 17 PM 2:56
The name of the corporation shall be:	SECRETARY OF STATE
AFFORDABLE ATTORNEY INC.	TALLAHÄSSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
20283 STATE ROAD 7, BOCA RATION,	FL 33498
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	a
AN LEGAL PURPOSES; AN GUSTREIS V	vaposes
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	***
List name(s), address(es) and specific title(s):	
KINNECHAN, DIPITIS	
NED	
ARTICLE VI REGISTERED AGENT	المستعمل الم
The name and Florida street address (P.O. Box NOT acceptable) of the	
NED KIMMELHAN, 20283 STATE ROAD 7	1 30CA RATION, TL 33498
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
NED KINNELHAN	
20283 STATE ROAD 7, BOCA RATION, FL	33498
******************	*************
Having been named as registered agent to accept service of process for the above sta certificate, I am familiar with amflaccept the appointment as registered agent and agre	ated corporation at the place designated in this te to act in this capacity
_ Nationaldeed	11/16/04
Signature/Registered Agent	Date
And St	ulakan
	11 10 10 4 Date
Signature/Incorporator	Daw

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