

**P05000058241**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**LEGAL ASSURANCE CORPORATION**

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**ARTICLES OF INCORPORATION**

**OF**

**LEGAL ASSURANCE CORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **LEGAL ASSURANCE CORPORATION**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **79 S. River Rd., Stuart, FL 34996**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two hundred thousand (200,000) shares having a par value of (\$1.00) per share.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **A. James Valliere, 79 S. River Rd., Stuart, FL. 34996**

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

**ARTICLE VI: OFFICERS & DIRECTORS**

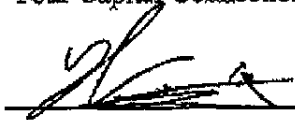
The name and address of the initial Officers and Directors of the corporation are:

**A. James Valliere, Director, 79 S. River Rd., Stuart, FL. 34996**

**Joan Kingsley, Director, 135 Coachman's Lane, N. Andover, Ma. 01845**

The undersigned has executed these Articles of Incorporation this 20<sup>th</sup> day of April 2005.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: LEGAL ASSURANCE CORPORATION

2. The name and street address of the registered agent and office is: \_\_\_\_\_

A. JAMES VALLIERE  
79 S. RIVER RD., STUART, FL  
34996

HAVE 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 REGISTERED AGENT.



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