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COVER LETTER

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

SUBJECT:	I MMONS ROFESSIO (PROPOSED CORPORA	DAL <u>ƏEPUICES</u> ITE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	inal and one (1) copy of the art		
Strong are an one	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of
FROM:	. ^	Printed or typed)	-
	OllADOS F	Address C 30811 State & Zip	
	407 25	2.2361	

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

Daytime Telephone number



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: 5/m mons Profession at Services Phys. 5.5 *ARTICLE II* PRINCIPAL OFFICE The principal place of business/mailing address is: PO Box 580222 ORLANDO, FL 32858 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: paralegal & other 10,000 @\$1.00 parvalue pershare ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DRENDA J. SIMMONS DILECTOR REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BREDDA J. SIMMONS 211 HOPECIRCLE ORVANDO FC 32511 INCORPORATOR ARTICLE VII The name and address of the Incorporator is:

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