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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

70-5-5

## COVER LETTER

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

SUBJECT: 1<sup>ST</sup> Florida Forms, 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: Rosna Delucca  
Name (Printed or typed)

555 South Federal Highway, # 360  
Address

Boca Raton, FL 33434  
City, State & Zip

(261) 381-0313 (Home)  
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:

1st Florida Forms, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

555 South Federal Highway  
Ste. #360  
Boca Raton, FL 33432

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal Document Preparation, (Service)

## ARTICLE IV SHARES

The number of shares of stock is:

100 (One hundred)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rosna Delucca, President, (Sole Proprietor) Officer, Secretary  
5089 Greenwich Preserve Ct.  
Boynton Beach, FL 33436

## ARTICLE VI REGISTERED AGENT

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

Joseph R. Delucca  
5089 Greenwich Preserve Court  
Boynton Beach, FL 33436

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosna Delucca  
555 South Federal Highway, Ste. #360  
Boca Raton, FL 33432

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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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/02/2006

Date

5/2/2006

Date