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Effective Date 01/3/107

02/01/07--01022--011 **87.50

SECHETARY STATE

COVER LETTER

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

SUBJECT: Appleton Reporting, Inc.			
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	DE SUFFIX)	-
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	a check for:	
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Penny M. Appleton	ν		
	e (Printed or typed)		e van een een een een een een een een een e
7439 Oakvista Circle			
	Address	 , ,	المسيد كه ١٠٠ هم
Tampa, Florida 33634	y, State & Zip		
Ca	y, State & Lip		",
(813) 389-0946			
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:

Appleton Reporting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7439 Oakvista Circle, Tampa, Florida 33634

Effective Date

01/3/107

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Court Reporting Services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Penny M. Appleton 7439 Oakvista Circle Tampa, Florida 33634 President

Gene R. Appleton, Jr. 7439 Oakvista Circle Tampa, Flonda 33634 Vice President

ARTICLE VI REGISTERED AGENT

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

Penny M. Appleton 7439 Oakvista Circle Tampa, Florida 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Penny M. Appleton 7439 Oakvista Circle Tampa, Florida 33634

		PMA
Effective	Date	1-31-07

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 familiag with and accept the appointment as registered agent and agree to act in this capacity

SECRETARY STATE

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