

PO800087116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

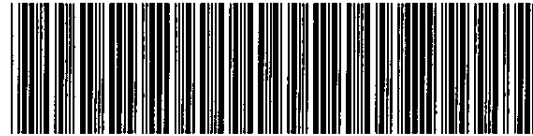
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOBILE LEGAL SERVICES, P. A.

ATTORNEYS AT LAW
4775 WEST ATLANTIC AVENUE
DELRAY BEACH, FLORIDA 33445

WENDI S. WEISMAN
SHARON K. BROWN
ALSO ADMITTED IN NEW YORK

561-498-0017
561-498-5444
954-428-4020
FAX 561-498-1146

September 19, 2008

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

SUBJECT: MOBILE LEGAL SERVICES, P. A.
(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: SHARON K. BROWN, ESQUIRE
Name (Printed or typed)

4775 WEST ATLANTIC AVENUE
Address

DELRAY BEACH, FLORIDA 33445
City, State & Zip

(561) 498-0017
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:

MOBILE LEGAL SERVICES, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4775 West Atlantic Avenue
Delray Beach, Florida 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation will engage in providing legal services to those persons who are unable to travel to the offices of the corporation by reason of confinement to home or a health care facility due to physical incapacity.

ARTICLE IV SHARES

The number of shares of stock is:

200 shares, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON K. BROWN, ESQUIRE, President
WENDI S. WEISMAN, ESQUIRE, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

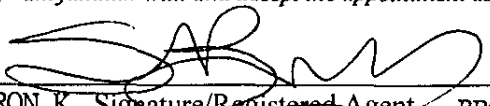
SHARON K. BROWN, ESQUIRE
4775 West Atlantic Avenue
Delray Beach, Florida 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

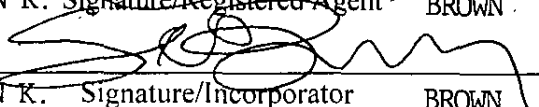
SHARON K. BROWN, ESQUIRE
4775 West Atlantic Avenue
Delray Beach, Florida 33445

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



SHARON K. Signature/Registered Agent BROWN

September 19, 2008
Date



SHARON K. Signature/Incorporator BROWN

September 19, 2008
Date

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TALLAHASSEE, FLORIDA