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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Mublic Relations				
Michelle Rolling 1/20/09				
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Office Use Only



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COVER LETTER

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

SUBJECT: L. A. &	Associates PR, Inc. (PROPOSED CORPORA	TE NAME - MUST INCI	JIDE SUFFIX)
	(FROI OSES COM ON	Most mes	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Mic	chele L. A. Rollins		
	1036 Hanover Lane	Printed or typed) Address	
	Ponte Vedra, Florida 32081 City,	State & Zip	
	904-810-4933 OR 904-465-3625		
	Daytime T	elephone number	

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



January 13, 2009

MICHELE L.A. ROLLINS 1036 HANOVER LANE PONTE VEDRA, FL 32081

SUBJECT: L.A. & ASSOCIATES PR, INC.

Ref. Number: W0900001622

We have received your document for L.A. & ASSOCIATES PR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Name Of Your Business Needs To Be Listed Exactly How You Want It To Read On Our Data Base. Also The Short For Public Relations Needs To Be Removed,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 309A00001153

Paisley A Alford Clerk New Filing Section

Division of Corporations DO ROY 6327 Tallahasson Florida 32314

-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:

L. A. & Associates PR, \Y\C.

ARTICLE II PRINCIPAL OFFICE

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

Street Address: 1036 Hanover Lane, Ponte Vedra Florida 32081

Mailing Address: 13820 Old St. Augustine Rd., Suite 113-158, Jacksonville, Florida 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is being formed for the purpose of conducting Public Relations, Media Relations, Government Affairs & Community outreach Consulting.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Shares of Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michele L. A. Rollins, 1036 Hanover Lane, Ponte Vedra, Florida 32081, PRESIDENT

Michele L. A. Rollins, 1036 Hanover Lane, Ponte Vedra, Florida 32081, SECRETARY

Michele L. A. Rollins, 1036 Hanover Lane, Ponte Vedra, Florida 32081, TREASURER

ARTICLE VI REGISTERED AGENT

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

Michele L. A. Rollins, 1036 Hanover Lane, Ponte Vedra Florida 32081

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele L. A. Rollins, 1036 Hanover Lane, Ponte Vedra Florida 32081

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

le L. H. Killia 1-7-09
Signature/Registered Agent Date

Signature/Incompositor

1-7-09 Date