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(F	Requestor's Name)	
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COVER LETTER

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

Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Tracey Conway Name (Printed or typed)				
	1434 18th	Ave N Address		
St. Retersburg, Fl. 33704				
727 204-5079				

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

Daytime Telephone number

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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: Professional Marteyage Counseling. Inc	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 28870 US Highway 19 N # 355 Clearwater, Fl. 33761	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO Provide Motogage Counseling to noncouners	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President - Scott Singer Vice President - Tracey Conway	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered Scott Singer TH3 Litch field Land Duncdia, Fl 34698 ARTICLE VII INCORPORATOR	l agent is:
The name and address of the Incorporator is: Tracey Conway 1434 Feyn Augul 33704 ***********************************	********
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	is capacity
Signature/Registered Agent	211109 Date

Signature/Incorporator