

P10000062762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

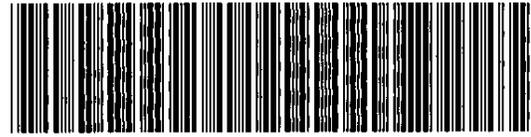
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/30/10--01009--001 \*\*78.75

APPROVED  
AND  
FILED  
10 JUL 30 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 8/3/10

COVER LETTER

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

SUBJECT: Jo McLaughlin & Associates, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status
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<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jan McLAUGHLIN  
Name (Printed or typed)

P. O. Box 915433  
Address

Longwood, FL 32791  
City, State & Zip

407 592-3231  
Daytime Telephone number

jan@mclaughlinbankruptcylaw.com  
E-mail address: (to be used for future annual report notification)

**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:

J. McLaughlin & Associates, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1924 St. Andrews PLACE  
Longwood, FL 32779

Mailing:

P.O. Box 915433  
Longwood, FL 32791

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provides consumer bankruptcy services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

JAN McLAUGHLIN, President

**ARTICLE VI REGISTERED AGENT**

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

Karen Jachens  
1924 St. Andrews PLACE  
Longwood, FL 32779

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JAN McLAUGHLIN  
P.O. Box 915433  
Longwood, FL 32791

\*\*\*\*\*  
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

*Karen Jachens*

Signature/Registered Agent

*Jan McLaughlin*

Signature/Incorporator

7/24/2010

Date

7-24-10

Date

SECRETARY OF STATE  
TALLAHASSEE, FL 09106

10 JUL 30 PM 12:54

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AND  
FILED