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| Special Instructions to F | iling Officer: | |
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COVER LETTER

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

SUBJECT: Law Office of Anna Y. Weskerna, Esq., P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | d a check for: | |
|--|--|---|------------|
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | |
| FROM: Anna Weskerna, Esq. | (Printed or typed) | | |
| 3744 Siena Lane | ddress | | ~ : |
| Palm Harbor, FL 34685 | State & Zip | SEERE JA VLLAHAS | |
| 727-808-7750 | elephone number | | ill i |
| aweskerna@yahoo.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 II | PRINCIPAL OFFICE | | |
|------------------------------------|---|----------------------------------|---|
| | Principal street address | _ | ress, if different is: |
| | 3744 Siena Lane | Same | |
| | Palm Harbor, FL 34685 | | |
| ARTICLE III | PURPOSE | | |
| The purpose for Legal Servi | which the corporation is organized is: | | |
| ARTICLE IV The number of si | SHARES hares of stock is: 100 | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | nRS | |
| | Title: Anna Y. Weskerna. President | Name and Title: | |
| Address: | 3744 Siena Lane | Address: | _ . |
| | Palm Harbor, FL 34685 | | |
| Name and Address: | Title: | Name and Title: | |
| Tudios. | | 71441000. | |
| Name and Address: | Title: | Name and Title: | |
| | | <u> </u> | |
| | REGISTERED AGENT | | 7. 0 |
| | Clorida street address (P.O. Box NOT acceptable) | | 2011 SEG ALL |
| Name: Address: | Anna Weskerna | | <u>></u> ₽ |
| Address: | 3744 Siena Lane Palm Harbor, FL 34685 | | AHA JAN |
| | • | | SSS SSS SSS SSS SSS SSS SSS SSS SSS SS |
| | INCORPORATOR | | <u> </u> |
| he <u>name and a</u> Name: | ddress of the Incorporator is: | | P. P. I |
| Address: | Anna Weskerna 3744 Siena Lane | | |
| riddress. | Palm Harbor, FL 34685 | | AFF ORID |
| Having been na | med as registered agent to accept service of proce | exs for the above stated corpora | ation at the place designated i |
| his certificate, I | am familiar with and accept the appointment as re | egistered agent and agree to act | in this capacity |
| | | | A = 1 |
| | (/) / | | 1/24/11 |
| | Required Signature/Registered Agent | | Date |
| I onhwit thin I- | ormans and affine that the first see 11 | | f t_f |
| i suumu inis 00 document to the | cument and affirm that the facts stated herein a Department of Style c onstitutes a third degree felo | re true. I am aware that the fa- | ise information submitted in FS |
| -v-mment to the | Department of Silver Solitinumes a mira aegree jew | ту нь ргочнен јог иско17.133, | 2 -1.3- |
| | (/)/ | | 1/24/11 |
| | Required Signature/Incorporator | | - 10-11 11 Thete |