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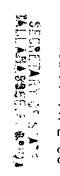
(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: Mediation Offices of Valerie A Parker, Inc.					
Enclosed are an original and one (1) copy of the artic \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: Valerie A. Parker Name (Printed or typed)					
Tampa, F1.	336/4 = = = = = = = = = = = = = = = = = = =				
Daytime Telephone number Parker, Valerie @ Focket Mail. 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)

The name of the corporation	en shall be: Mediation office	es of Valerie A	Parker Inc.
P 20ام)	CIPAL OFFICE rincipal <u>street</u> address Memorial Highway E.A-8 P9, F1.33615	Mailing addre	ess, if different is:
This business to settle may be	e corporation is organized is: ness will offer pri and negociate a Voluntarily enforce uss	ivute Mediatii lispute resol ed.	on Services Jution that
Name and Title: 10 Address: 28	AL OFFICERS AND/OR DIRECTORS Verie A. Parker / Pres. CEO Plo Auburn Ayew. Lompa, Fl. 33614	Name and Title:	
Address: 62	ardeau' A. Newton Barrets 02 Sheldin Rd. Apt 608 1000 Apr 608	Name and Title:Address:	
Address:		Name and Title:Address:	
The name and Florida str	eet address (P.O. Box NOT acceptable) of the algorithms of the companies o		20H JUL
The <u>name and address</u> of Name: Address:	alerie A. Parker 310 Auburn Are. W. ampa, Fl. 33614		II PM 2: 3
Having been named as rethis certificate, I am famili	gistered agent to accept service of process of ar with and accept the appointment as registed. A. PWKL Required Signature/Registered Agent	for the above stated corporation tered agent and agree to act in	on at the place designated in this capacity 1 2 3 0 Date
	nd affirm that the facts stated herein are to nt of State constitutes a third degree felony of A, White Required Signature/Incorporator		