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SECRETARY OF SIMIE NVISION OF CORPORATIONS

Ps 7/20/11

COVER LETTER

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

SUBJECT: Attorney Law Links
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

\$70.00

\$78.75

Filing Fee

Filing Fee & Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50 Filing Fee, Certified Cop & Certificate d

Status

ADDITIONAL COPY REQUIRED

FROM: Michael Rathel	
Name (Printed or typed)	
319 Park Lake Circle	
Address	
Orlando, Florida 32803 City, State & Zip	
(407) 493-1837 Daytime Telephone number	
Daytime Telephone number	
links @ attorneylaw links. Co	m

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2011

MICHAEL RATHEL 319 PARK LAKE CIRCLE ORLANDO, FL 32803

SUBJECT: ATTORNEY LAW LINKS

Ref. Number: W11000035585

RETARY OF STATE

We have received your document for ATTORNEY LAW LINKS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add the name of the corporation to Article I of your form.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 211A00015982

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	, compliance with Chapter 607 and/	or Chapter 021,	r.s. (riom)	
The name of the corpo	AME pration shall be: Attorney Law L	inks, In	с.	
ARTICLE II P.	RINCIPAL OFFICE Principal street address 9 Park Lake Circle Llando, Florida 32803		Mailing address, if	different is:
ARTICLE III PU	TRPOSE h the corporation is organized is:			
Attorney M	narketing, advertisemen	nt and	SEO	
ARTICLE IV SI	HARES of stock is: 100			
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR	~		
Name and Title	Michael K. Rathel Preside	Mame and Title	ula .	
Address:	319 Park Lake Circle	Address:	·· • • • • • • • • • • • • • • • • • •	
	Orlando, Florida 32803			→ ¥s
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Name and Title Address:	NA	Name and Title Address:	:: N/A	<u> </u>
Address.		Address.		<u>``</u>
ADMICI DI DI	PAIOMEDED AGENT			
	EGISTERED AGENT	tha maintagad and	iou	
Name:	a street address (P.O. Box NOT acceptable) of Michael K. Rathe	ine registered ago	ent is:	
Address:	319 Park Lake Circle			
	Orlando, Florida 32802	,		
1 TO 100 CT TO 1	·			
	ICORPORATOR ss of the Incorporator is:			
Name:	Michael K. Rathel			
Address:	319 Park Cake Circle			
	Orlando, Florida 32803	•		
	as registered agent to accept service of process amiliar with and accept the appointment as regi			
		-		
Micha	I K. Na Hul Required Signature/Registered Agent			6/27/2011
	Required Signature/Registered Agent			Date
I submit this docume	nt and affirm that the facts stated herein are	true. I am awara	e that the false infi	ormation submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

6/27/2011