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SECRETARY OF STATE
TALLAHASSEE, FL 32301

APR 17 2012

COVER LETTER

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

SUBJECT: The Social Security Disability Practice Institute, Inc.
(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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Nancy Cavey
Name (Printed or typed)

821 16th Street North
Address

St. Petersburg, Florida 33705
City, State & Zip

727-894-3188
Daytime Telephone number

cavey@tampabay.rr.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: The Social Security Disability Practice Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
821 16th Street North
St. Petersburg, Florida
33705

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide legal education and marketing to lawyers

ARTICLE IV SHARES

The number of shares of stock is 20 Equally owned

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Cavey, Vice President
Address: 821 16th Street North
St. Petersburg, Florida
33705

Name and Title: Brian Mittman
Address: 14 Mamaroneck Ave.
Suite 201
White Plains, New York 10601

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nancy Cavey
Address: 821 16th Street North
St. Petersburg, Florida 33705

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Cavey
Address: 821 16th Street North
St. Petersburg, Florida 33705


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


Required Signature/Registered Agent

4/10/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

4/10/2012

Date

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TALLAHASSEE, FLORIDA