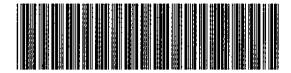
# P12000092657

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bı	ısiness Entity Nar	ne)			
(20	ionioso Emily Han	,,,,,			
(De	accompant Mesonale and				
(DC	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
		]			
		l			

Office Use Only



200241064352

10/25/12--01022--005 \*\*78.75

ECRETARY OF STATE

195 WOV -5 PM 3: 1

MRP/12

### **COVER LETTER**

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

SUBJECT: APPORDABLE LE	THE SERVICES, INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: SARAH FO	(Printed or typed)
107 W. 26	H S.L.
Jacksonville,	PL 33206 State & Zip
904-885 Daytime Te	elephone number
	Sevulce Oyahov, com

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



12 NOV -5 PH 1:51

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2012

SARAH FOWLER 107 W 26TH ST. JACKSONVILLE, FL 32206

SUBJECT: AFFORDABLE LEGAL SERVICES, INC.

Ref. Number: W12000054889

We have received your document for AFFORDABLE LEGAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 912A00026320

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

ARTICLE I NA The name of the corpor	AME ration shall be: A FFORDABLE	SEZF-H	ELP LEGI	AL CLINIC, IN
	RINCIPAL OFFICE			
	Principal street address  501-2 St. Angustine Re acksonuille, FL 3000	J. P.1	Mailing address, in BUX, 02, 12 KSUNUILLE,	f different is: 535 FL 38803
To pro	RPOSE  h the corporation is organized is:  ovide self-help legal Sev	vices to	prose l	Higants.
The number of shares of	HARES of stock is: I OO			是是
ARTICLE V IN Name and Title: Address:	TITIAL OFFICERS AND/OR DIRECTORS SOUTH FOUNDLY, President 100 W. 26th St. Jacksonville, Pl. 32200	<u>-</u>	le:	70,000
Name and Title: Address:	Teresa Saternohite, Vice 481 Thornberry Rd. Orange Park, F-L	Address:	le:	
Name and Title: Address:		Name and Tit Address:	le:	
ARTICLE VI RE	GISTERED AGENT			
	a street address (P.O. Box NOT acceptable) of some forward for when the standard of the standa	the registered ag	gent is:	
ARTICLE VII IN	CORPORATOR			
The <u>name and address</u> Name: Address:	Soval Foxeler  100 W. 26th St.  Tacksonville, FL			
	as registered agent to accept service of process amiliar with and offept the appointment as regis			
The	UNA SE			9/30/12
70	Required Signature/Registered Agent			Date
I submit this documen document to the Depart	nt and affirm that the facts stated herein are t rtment of State constitutes a third degree felony	true. I am awa as provided for	re that the false inj in s.817.155, F.S.	formation submitted in a
	Required Signature/Incorporator	• • • • • • • • • • • • • • • • • • • •		7/30/12/ Date