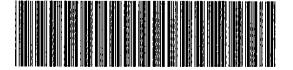
## P14000039586

(Requestor's Name)				
(Address)				
(Address)				
(Audiess)				
-				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



700259526677

05/05/14--01038--024 \*\*78.75

SECRETARY SILVENIA

1/4

## **COVER LETTER**

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

SUBJECT: LawRescue, Inc.	INCLUDE SUFFIX
(PROPOSED CORPORATE NAME - MUST	INCLUDE SUFFIX
Enclosed are an original and one (1) copy of the articles of incorporat	ion and a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified C	\$87.50 Filing Fee, opy Certified Copy & Certificate of Status
ADDITIONA	AL COPY REQUIRED
FROM: Lashawn Jones  Name (Printed or typed)	
18495 South Dixie Highway	#153
miami, Florida 33157	
City, State & Zip	
(786)728-6463	
Daytime Telephone number	
jlashawn44@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)

	In compliance with Chapter 607 and	2 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE I NAM	Etion shall be: LawRescue,Inc	、 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
	NCIPAL OFFICE Principal street address	Mailing address, if different is:
18495 South Di	ixie Highway #153	
Miami, Flori	da 33157	
Organization	n Advocating for the C	stitutional Rights membership Friminally Charged in the
state of Flor	ida.	
ARTICLE IV SHA		
	<u>rial officers and/or director</u> :Lashawn Jones	
	18495 South Dixie	Name and Title:
Address	<del></del>	Address:
	highway #153 miami,Florida 33157	
Name and Title	:	Name and Title:
Address		
Name and Title	:	Name and Title:
Address		Address:

DIVISION OF CONTINUES

Name and	d Title:	_ Name and Title:	2814 MAY -5 PM 2:50
Address		Address:	
4 5 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o	f the registered agent	is:
Name:	Lashawn Jones	_	
Address:	18495 South Dixie hwy #153	_	
	miami,Florida 33157	-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Lashawn Jones	<u>.</u>	
Address:	18495 South Dixie Hwy #153	_	
	miami,florida 33157		
	ned as registered agent to accept service of process am familiar with und accept the appointment as re		
	+A		5/1/2014
·	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware th iy as provided for in	aat the false information submitted in a s.817.155, F.S.
	A		5/1/2014
	Required Signature/Incorporator	·····	Date