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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Miami Paralegal Institute, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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MAY 11 2017



May 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: MIAMI PARALEGAL INSTITUTE, INC.
REF: W17000040306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000127188
Letter Number: 917A00009333

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Miami Paralegal Institute, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
450 Carillon Parkway, Suite 120
St. Petersburg, FL 33716
Mailing address, if different is:
450 Carillon Parkway, Suite 120
St. Petersburg, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational Development

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefanie V. Plaumann/ Director Name and Title: _____

Address: 1617 Open Field Loop Address: _____
Brandon, FL 33510

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

1714 May Rd, Brandon, FL 33510
2017-05-10 14:15:16

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BlumbergExcelsior Corporate Services, Inc.
Address: 155 Office Plaza Drive 1st Floor
Tallahassee, FL 32301

FLORIDA
DEPARTMENT OF STATE
REGISTRATION
AND
RECORDS
SECTION

17 MAY 10 PM 12:39

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica Gonzalez
Address: 16 Court St 14th Floor
Brooklyn NY 11241

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Beina Thwoor
Required Signature/Registered Agent

5/9/2017
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.

Veronica Gonzalez
Required Signature/Incorporator

5/9/17
Date