

PI8000013991

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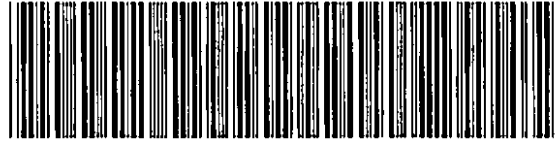
Certified Copies _____ Certificates of Status _____

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FEB 13 2018



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COVER LETTER

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

SUBJECT: PRO SE LITIGANTS OF AMERICA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: CHRISTINA PAYLAN, MD

Name (Printed or typed)

PO BOX 66442

Address

ST PETE BEACH, FLORIDA 33736

City, State & Zip

813-919-6299

Daytime Telephone number

info@fireyourlawyers.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:

PRO SE LITIGANTS OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

110 ~~st~~ Pinellas Way North

PO BOX 66442

Saint Petersburg, Florida 33710

St. Pete Beach, Florida 33736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To increase awareness of the incompetency and the lowered quality of lawyers graduating from law schools

To prevent incompetent lawyers from ruining innocent citizens' lives through their laziness and arrogance

To compel the legal profession to require higher standards for practicing lawyers

ARTICLE IV SHARES

100,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINA PAYLAN, President/CEO

Name and Title:

Address

PO BOX 66442

Address:

St. Pete Beach, Florida 33736

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: CHRISTINA PAYLAN, MD _____

Address: 110 PINELLAS WAY NORTH _____

SAINT PETERSBURG, FL 33710 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CHRISTINA PAYLAN, MD _____

Address: 110 PINELLAS WAY NORTH _____

ST. PETERSBURG, FL 33710 _____

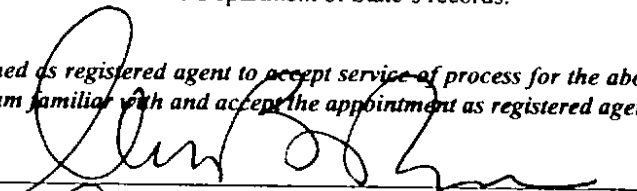
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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.

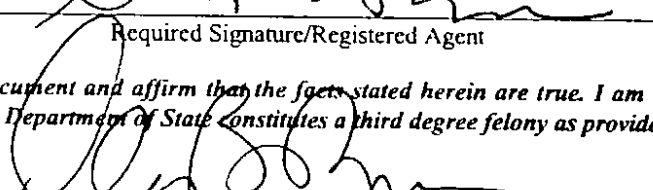


Required Signature/Registered Agent

2/7/2018

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

2/7/2018

Date