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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

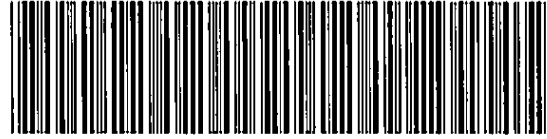
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Law Firm Guru, Inc.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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Signature _____

Requested by: SETH

01/17/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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 Law Firm Guru, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

2454 North McMullen Booth Suite 700

P.O. Box 46473

Clearwater, Florida 33759

Tampa, Florida 33646

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business purpose

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TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100,000 (one hundred thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chelsie M. Lamie (President)

Name and Title: _____

Address: 2454 North McMullen Booth Suite 700

Address: _____

Clearwater, Florida 33759

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: Chelsie Lamie
Address: 2454 North McMullen Booth Suite 700
Clearwater, Florida 33759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chelsie Lamie
Address: 2454 North McMullen Booth Suite 700
Clearwater, Florida 33759

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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

Chelsie H. Lamie
Required Signature/Registered Agent

1-17-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Chelsie H. Lamie
Required Signature/Incorporator

1-17-19
Date