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. IN ISION OF CORPORATION

Community of Manager

Mail: To:	
P.O. Box 5828	
TALLAHASSIT, PU	12314

ACCOUNT NO. : 072100000032

REFERENCE :

523051 1491694 laturia 19008

AUTHORIZATION :

COST LIMIT : 9 122.50

ORDER DATE : January 10, 1995

ORDER TIME : 11:17 AM

ORDER NO. : 523054

CUSTOMER NO: 143469A

CUSTOMER: Mr. Albert B. Moore TOTAL LEGAL CARE, INC.

Suite B 3215 So. U.s. 1 Fort Pierce, FL 34982

DOODO2397

NAME:

YOUR HELPLINE, INC.

	AEC 95
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	- (*)
CONTACT PERSON: Carol J. Davis EXAMINER'S INITIALS:	7/12

ARTICLES OF INCORPORATION OF

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopt the following Articles of Incorporation.

ARTICLE I. CORPORATION NAME

The name of this corporation shall be: YOUR HELPLINE, INC.

ARTICLE II. PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

Principle place of business: 3560 SE Gull Lane Stuart, Florida 34997

> Mailing Address: 5815 SE Federal Hwy. Suite 335 Stuart, Florida 34997

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one hundred (100) shares of common stock having a value of one dollar (\$1.00) per share.

ARTICLE IV. PURPOSE

The purpose of the corporation shall be limited to any lawful purpose.

ARTICLE V. TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon the filing of these articles.

ARTICLE VI. REGISTERED AGENT AND INITIAL REGISTRATION OFFICE

The Registered Agent and the street address of the Initial Registered Office of this Corporation in the State of Florida shall be:

ALBERT B. MOORE, Esq. 209 Orange Avenue Fort Pierce, Florida 34950 The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VII. BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VIII. INITIAL DIRECTORS

The names of the initial directors of this Corporation and their street addresses are:

ANDREA BROWN 3560 SE Gull Lane Stuart, FL 34997

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successor is elected or appointed and has qualified, whichever occurs first.

ARTICLE IX. INCORPORATORS

The name and street address of the persons signing the Articles of Incorporation as the Incorporators are:

ALBERT B. MOORE, Esq. 209 Orange Avenue Ft. Pierce, FL 34950

ARTICLE X. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amondment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholder's meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

The undersigned has executed these Articles of Incorporation this <u>رس</u> day of <u>آمري،</u>, 199<u>5</u>.

ALBERT B. MOORE, Esq.

Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: YOUR HELPLINE, INC.

SIGNATURE:_

2. The name and address of the registered agent and office is:

ALBERT B. MOORE, Esq. 209 Orange Avenue Ft. Pierce, FL 34950

TITLE: Incarporatur			
DATE: 1/7/35			
HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVIFOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGAND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH A OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	ISTERED COMPI	AGI Y WI	ENT LTH ETE
SIGNATURE: CM M	<u> </u>	ι <u>ρ</u> (1)	
NAME: ALBERT B. MOORE, Esq.			_
DATE: 119195		JAN 10 PH 2 Gg	FILED