

P95000006409

OFFICE USE ONLY (Document #)

FPC of Polk County  
3534 S. Florida Ave  
LAKELAND, FL 33705  
(City, State, Zip) (Phone #)

01/20/95 13:15:54  
-01/20/95--01089--009  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Paralegal Center of Polk County, Inc.  
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

9012  
1/25/95  
P95-6409

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
FLORIDA PARALEGAL CENTER of POLK COUNTY, INC.

FILED  
JAN 20 11 03 AM '95

ARTICLE I - NAME AND ADDRESS

The name of this corporation is FLORIDA PARALEGAL CENTER of POLK COUNTY, Inc. The physical and mailing address of the corporation is 3536 South Florida Ave, Lakeland, Florida 33806.

ARTICLE II - COMMENCEMENT OF CORPORATION

This corporation shall commence its corporate existence on January 17, 1994.

ARTICLE III - DURATION

This corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

EXPIRATION DATE  
1-17-95

This profit corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is : 3536 South Florida Ave, Lakeland, Florida 33806, and the name of the initial registered agent of this corporation at that address is: Lloyd J. Jackson, Jr.

ARTICLE VII - PRE-EMPTIVE RIGHTS

Pre-emptive rights are granted to all shareholders.

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, and their manner of selection or election shall likewise be governed by the By-Laws. The name and address of the initial directors of this corporation are:

Lloyd J. Jackson, Jr.  
Clayton T. Blick

3536 South Florida Ave  
Lakeland, Florida 33806

ARTICLE IX - INCORPORATORS

The name and address of the person signing these articles is:

Lloyd J. Jackson, Jr.

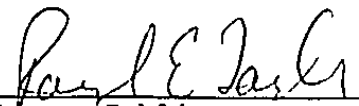
3536 South Florida Ave  
Lakeland, Florida 33806

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 17<sup>th</sup> day of January, 1995.

  
Lloyd J. Jackson, Jr.

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of January, 1995, by Lloyd J. Jackson, Jr., who is personally known to me or provided a Florida Drivers License, and who took and oath and affixed his signature as incorporator of FLORIDA PARALEGAL CENTER of POLK COUNTY, Inc.

  
Notary Public  
Commission No. \_\_\_\_\_

Commission Exp. \_\_\_\_\_



RAYMOND E. TAYLOR  
My Commission CC325597  
Expires Oct. 24, 1997  
Bonded by HAI  
800-422-1555

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Florida Paralegal Center of Polk  
County, Inc.

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

Lloyd J. Jackson, Jr

(Name)

3536 South Florida Av, Lakeland, Fl 33805

(P.O. Box NOT acceptable)

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

SIGNATURE 

DATE JAN. 17, 1996

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000006409**

1. Corporation Name

**FLORIDA PARALEGAL CENTER OF POLK COUNTY, INC.**

Principal Place of Business

3536 S. FLORIDA AVE.  
LAKELAND FL 33806

Mailing Address

3536 S. FLORIDA AVE.  
LAKELAND FL 33806

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/1995

5. FEI Number

59-3285334

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip      |
|---------------|---|--|------------------------------|
| D             | JACKSON, LLOYD J JR                       | 3536 S. FLORIDA AVE.   | LAKELAND FL 33806-33823      |
| <del>D</del>  | <del>BLICK, CLAYTON T</del>               | <del>3536 S. FLORIDA AVE.</del>  | <del>LAKELAND FL 33806</del> |
| D             | JACKSON, PATRICIA R.                      | 3536 S. FLORIDA AVE  | LAKELAND, FL 33803           |
|               |   |  | 7000001978027--2             |
|               |   |  | -10/17/96--01007--015        |
|               |   |  | ****375.00 ****375.00        |

8. Name and Address of Current Registered Agent

JACKSON, LLOYD J JR  
3536 S. FLORIDA AVE.  
LAKELAND FL 33806

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-26-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD J. Jackson, Jr

Date

9-26-96

Daytime Phone #

914 6475440

CP2E040 (7/96)