

P96000083215  
TRANSMITTAL LETTER

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

300001969513  
-10/09/96--01083--026  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: PROFESSIONAL EXAMINERS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

JAMES K. HAMPTON  
Name (printed or typed)

3202 SUMNERSET DR  
Address

ORANGE PARK, FL 32065  
City, State & Zip

904-276-0413  
Daytime Telephone number

DIVISION OF CORPORATION

96 OCT -9 PM 12:04

RECEIVED

NOTE: Please provide the original and one copy of the articles.

*JK*  
10/9/96

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL EXAMINERS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

3202 SUMMERSET DR  
ORANGE PARK, FL 32065

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES K. HAMPTON  
3202 SUMMERSET DR.  
ORANGE PARK, FL 32065

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES T. HAMPTON  
6004 BUCK LAKE RD.  
TALLAHASSEE, FL 32311

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of OCTOBER, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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: PROFESSIONAL EXAMINERS, INC.

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

JAMES K. HAMPTON  
(NAME)

3202 SUNNYSIDE DR  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORANGE ORANGE PARK, FL 32065  
(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)

10-9-96  
(DATE)