

P96000085938

October 11, 1996

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

RE: Atlantic Paralegal, Inc.


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-10/16/96--01079--018
****122.50 ****122.50

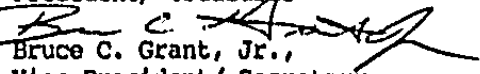
Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


Sabra L. Green,
President/ Treasurer


Bruce C. Grant, Jr.,
Vice President/ Secretary
402 Lakebridge Plaza Dr.
Apt. 608
Ormond Beach, FL 32174

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
10/17/96

ARTICLES OF INCORPORATION

of

Atlantic Paralegal, Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Atlantic Paralegal, Inc

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Atlantic Paralegal, Inc.</u>		
ADDRESS	<u>420 Lakebridge Plaza Dr.</u>	<u>Apt. 608</u>	
CITY	<u>Ormond Beach</u>	<u>FLORIDA</u>	<u>ZIP 32174</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Sabre L. Green, President/ Treasurer</u>		
ADDRESS	<u>420 Lakebridge Plaza Dr.</u>	<u>Apt. 608</u>	
CITY	<u>Ormond Beach</u>	<u>FLORIDA</u>	<u>ZIP 32174</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Sabre L. Green, Predident/ Treasurer</u>		
ADDRESS	<u>420 Lakebridge Plaza Dr.</u>	<u>Apt. 608</u>	
CITY	<u>Ormond Beach</u>	<u>STATE Florida</u>	<u>ZIP 32174</u>
NAME	<u>Bruce C. Grant, Jr., Vice Predident/ Secretary</u>		
ADDRESS	<u>420 Lakebridge Plaza Dr.</u>	<u>Apt. 608</u>	
CITY	<u>Ormond Beach</u>	<u>STATE Florida</u>	<u>ZIP 32174</u>
NAME			
ADDRESS			
CITY		<u>STATE</u>	<u>ZIP</u>

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sabre L. Green, President/ Treasurer		
ADDRESS	420 Lakembridge Plaza Dr.	Apt. 608	
CITY	Ormond Beach	STATE Florida	ZIP 32174
NAME	Bruce C. Grant, Jr., Vice President/ Secretary		
ADDRESS	420 Lakembridge Plaza Dr.	Apt. 608	
CITY	Ormond Beach	STATE Florida	ZIP 32174
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 11th day of October, 1996.

_____(Seal)
_____(Seal)
_____(Seal)

STATE OF FLORIDA)
COUNTY OF INDIAN RIVER) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u><i>Sabre L. Green</i></u> Signature	<u>US# 444-82-0127</u> <u>military ID</u> Form of Identification
<u><i>Bruce C. Grant, Jr.</i></u> Signature	<u>FL# G-653-063-67-309-0</u> <u>Dr. Lic.</u> Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form S of identification of the above named person S as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
JOYCE E. KINDEL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC326487
MY COMMISSION EXP. OCT. 26, 1997

Witness my hand and official seal in the County and State last aforesaid this 11th day of October, 1996.

Joyce E. Kinder

JOYCE E. KINDER
Notary Public

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

FILED

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SEC. OF STATE
TALLAHASSEE, FLORIDA

Atlantic Paralegal, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 420 Lakebridge Plaza Dr. Apt. 608

Ormond Beach, Florida 32174

has named Sabre L. Green, President/ Treasurer
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)
Sabre L. Green, President/ Treasurer