

P97 0000 21760

February 25, 1997

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

97 MAR -4 AM 10:36  
TALLAHASSEE, FLORIDA

Re: QUALITY PARALEGAL, INC.

Gentlemen:

Enclosed please find the original and one copy of the 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 name corporation.

Very truly yours  
500002103355--5  
-03/04/97--01035--004  
\*\*\*\*122.50 \*\*\*\*122.50

Claire A. Hair  
CLAIRE A. HAIR

Quality Paralegal, Inc.  
QUALITY PARALEGAL, INC.

MAILING ADDRESS OF CORPRATION  
P.O. Box 700661  
St. Cloud, FL 34770-700661  
No Phone at this time

F. CHESLER

MAR 11 1997

# ARTICLES OF INCORPORATION

of

QUALITY PARALEGAL, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

QUALITY 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 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>4933 E. Irlo Bronson Hwy.</u>		
CITY	<u>St. Cloud</u>	FLORIDA	ZIP <u>34771</u>

Mailing address, if different

STREET ADDRESS	<u>P.O. Box 700661</u>		
CITY	<u>St. Cloud</u>	FLORIDA	ZIP <u>34770-700661</u>

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>CLAIRE A. HAIR</u>		
ADDRESS	<u>4933 E. Irlo Bronson Hwy</u>		
CITY	<u>St. Cloud</u>	FLORIDA	ZIP <u>34771</u>

### ARTICLE VII - 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	CLAIRE A. HAIR		
ADDRESS	401 Oregon Ave.		
CITY	St. Cloud	STATE	FL. ZIP 34769
NAME	ANNA M. DAVIS		
ADDRESS	1440 Sara L		
CITY	Kissimmee	STATE	FL. ZIP 34744
NAME			
ADDRESS			
CITY		STATE	ZIP

### ARTICLE VIII - INCORPORATORS

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

NAME	CLAIRE A. HAIR		
ADDRESS	401 Oregon Ave.		
CITY	St. Cloud	STATE	FL. ZIP 34769
NAME	ANNA M. DAVIS		
ADDRESS	1440 Sara L		
CITY	Kissimmee	STATE	FL. ZIP 34744
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 27th day of February, 19 97.

Claire A. Hair (Signature)

Anna M. Davis (Signature)

\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

QUALITY PARALEGAL, INC.  
(name of corporation)

FILED  
97 MAR -4 PM 10:36  
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 4933 E. Irlo Bronson Hwy.

St. Cloud, FL 34771

has named CLAIRE A. HAIR

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Claire A. Hair  
(Signature)

2-27-97  
(Date)