

P9700034480

TRANSMITTAL LETTER

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

100002112451--5
-03/13/97--01057--001
*****78.75 *****78.75

SUBJECT: HB PARALEGAL SERVICES, 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

FROM: Helen Borges
Name (Printed or typed)

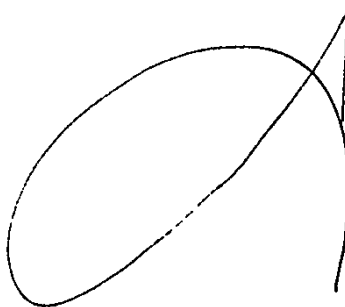
11577 S.W. 84 Lane
Address

Miami, FL 33173
City, State & Zip

(305) 274-7945 or (305) 844-6150
Daytime Telephone number

97 MAR 13 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

 3/9

ARTICLES OF INCORPORATION
OF
HB PARALEGAL SERVICES, INC.

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I NAME

The name of the corporation ("Corporation") shall be:

HB PARALEGAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

11577 S.W. 84 Lane
Miami, Florida 33173

ARTICLE III SHARES

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

zero (0)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cira Borges
6820 West Flagler Street
Apartment 109
Miami, FL 33144

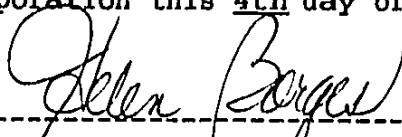
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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR (S)

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

**Helen Borges, President, V.P., Sec. Treasurer
11577 S.W. 84 Lane
Miami, FL 33173**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 4th day of March, 1997.



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0502, 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:

HB PARALEGAL SERVICES, INC.

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

Cira Borges
(Name)

6820 West Flagler Street - #109
(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33144
(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

Cira Borges

Date

03-04-97

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CLERK OF STATE
TALLAHASSEE FLORIDA