

(SAMPLE LETTER OF TRANSMITTAL)

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

DATE 05/29/97

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****122.50 ****122.50

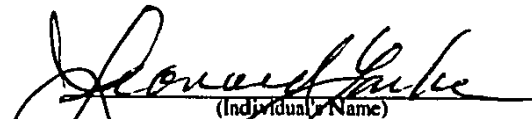
Re: LENSCO PARALEGAL SERVICES, Inc.
(Name of Corporation)

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 named corporation.

Very truly yours.


(Individual's Name)
LEONARD W. YANKE

JUN 13 1997 BSB

LENSCO PARALEGAL SERVICES
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

3500 CYPRESS GARDENS ROAD

WINTER HAVEN, FLORIDA 33884

PHONE

(941) 324-8486 (941) 984-8008
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

LENSCO PARALEGAL SERVICES 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:

LENSCO PARALEGAL SERVICES 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 100 shares of common stock, par value \$ 25.00 per share. ^{25.00}

ARTICLE V - INITIAL PRINCIPAL OFFICE

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

STREET ADDRESS 3500 CYPRESS GARDENS ROAD		
WINTER HAVEN, FLORIDA 33884		
CITY WINTER HAVEN	FLORIDA FLA.	ZIP 33884

Mailing address, if different

STREET ADDRESS		
CITY	FLORIDA	ZIP

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 LEONARD W. YANKE		
ADDRESS 3500 CYPRESS GARDENS ROAD		
CITY WINTER HAVEN	FLORIDA FLORIDA	ZIP 33884

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, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

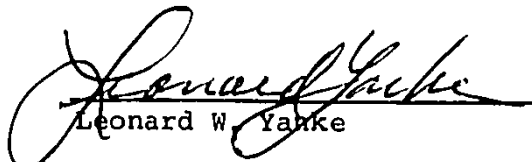
NAME Leonard W. Yanke		
ADDRESS 314 Honeybee Lane		
CITY Polk City	STATE Florida	ZIP 33868
NAME James B. Stumpf		
ADDRESS Post Office Box 2648		
CITY Winter Haven	STATE Florida	ZIP 33880-2648
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VIII - INCORPORATORS

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

NAME Leonard W. Yanke		
ADDRESS 314 Honeybee Lane		
CITY Polk City	STATE Florida	ZIP 33868
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 29th day of May, 19 97.

 (Signature)
 Leonard W. Yanke
 _____ (Signature)
 _____ (Signature)

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

LENSCO PARALEGAL SERVICES Inc.

(name of corporation)

FILED
97 JUN -2 PM 3:18
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 3500 CYPRESS GARDENS ROAD

WINTER HAVEN, FLORIDA 33884

has named LEONARD W. YANKE

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.


(Signature)

05/29/97

(Date)