

TRANSMITTAL LETTER

P97000076333

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

97 SEP -2 AM 8:23

HOMESTEAD EXEMPTION PROCESSING, INC.

SUBJECT: _____
(Proposed corporate name - must include suffix)

900002281999--0
-09/02/97--01036--001
*****70.00 *****70.00

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

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: Professional Legal Assistors
Name (printed or typed)
3121 West Coast Highway, Penthouse 8-C
Address
Newport Beach, CA 92663
City, State & Zip
800-621-7008
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF

FILED
CLERK OF STATE
CORPORATION
97 SEP -2 AM 8:23

HOMESTEAD EXEMPTION PROCESSING, INC.

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: HOMESTEAD EXEMPTION PROCESSING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1350 E. Tennessee Street, Suite 104, Tallahassee, FL 32305

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

759 South Federal Highway, Suite 319, Stuart, FL 34994

ARTICLE V INCORPORATOR(S)

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

Dottie Thibault, Professional Legal Assistors, 3121 West Coast
Highway, Penthouse 8-C, Newport Beach, CA 92663

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

_____ 15th _____ day of _____ August _____, 19____ 97 .



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: HOMESTEAD EXEMPTION PROCESSING, INC.

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

Carol Brannom

(Name)

759 South Federal Highway, Suite 319

(P.O. Box not acceptable)

Stuart, FL 34994

(City/State/Zip)

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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.

Carol Brannom

(Signature)

8/25/97