

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

P97000079166

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 12 AM 11:31

EFFECTIVE DATE
10-1-1997

500002291525--5
-09/12/97--01004--029
***78.75 ***78.75

*Multi Paralegal
Solutions, Inc.*

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Name Reservation _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: WU

9/12

9:20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

RECEIVED
97 SEP 12 AM 11:07
DIVISION OF CORPORATIONS

RP
9-12-97

ARTICLES OF INCORPORATION

OF

MULTI PARALEGAL SOLUTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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The undersigned, acting as subscriber of a corporation under the Florida Corporation Law, adopts the following Articles of Incorporation for such corporation.

ARTICLE I

EFFECTIVE DATE

10-1-1997

The name of this corporation is:

MULTI PARALEGAL SOLUTIONS, INC.

ARTICLE II

The principal place of business of the corporation shall be situated at:

5421 POLK STREET, HOLLYWOOD, FLORIDA 33021

ARTICLE III

The purpose of this corporation is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The period of its duration is *perpetual*, unless sooner dissolved according to law.

ARTICLE V

The aggregate number of shares that the corporation shall have the authority to issue is *Five hundred (500) shares* of capital stock, all of one class, with a par value of \$1.00.

ARTICLE VI

The Incorporator is not the promoter of the Corporation.

ARTICLE VII

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

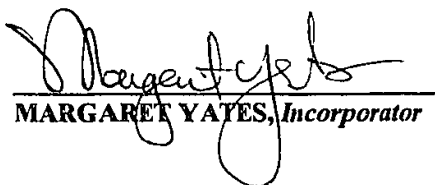
**MARGARET YATES
5421 POLK STREET
HOLLYWOOD, FLORIDA 33021**

ARTICLE VIII

The Corporation, **MULTI PARALEGAL SOLUTIONS**, shall at all times indemnify its officers, agents, shareholders, and directors of any and all civil liabilities incurred by its activities to the fullest extent that the Law permits.

ARTICLES IV

The Corporation shall commence organizational duties beginning October 1, 1997 and shall commence business as of January 1, 1998.


MARGARET YATES, Incorporator

STATE OF FLORIDA

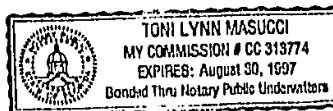
COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me by Margaret Yates, who is personally known to me and who did not take an oath, this 30th day of August, 1997.

SIGNATURE OF NOTARY: 

TYPED NAME OF NOTARY: Toni Lynn Masucci

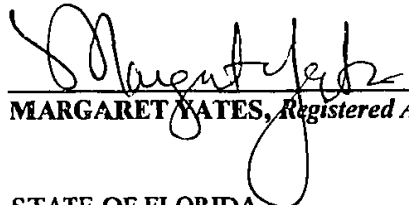
NOTARY PUBLIC, STATE OF FLORIDA
COMMISSION NUMBER IS _____



APPOINTMENT OF CORPORATE AGENT

PURSUANT to the provisions of Florida Corporation Law, and 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.

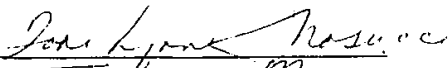
Signed and sealed on this, the 30th day of August, 1997.


MARGARET YATES, *Registered Agent*

STATE OF FLORIDA

COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me by Margaret Yates, who is personally known to me and who did not take an oath, this 30th day of August, 1997.

SIGNATURE OF NOTARY: 
TYPED NAME OF NOTARY: Toni Lynn Masucci

NOTARY PUBLIC, STATE OF FLORIDA
COMMISSION NUMBER IS _____



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