POSODO 4272/
TRANSMITTAL LETTER

98 MAY 12 AN 11:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

900002507479--1 -05/01/98--01041--004 *****78.50 *****78.50

FLOW DA FAMILY
SUBJECT: PROFESSIONAL PARALEGAL SERVICES, INC.

I enclose an original and $\underline{/}$ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of $\underline{\$'78.50}$

SIGNED: Sale Je

From:

ROSE MARIE WILSON

Name

12800 VONN ROAD #8752

Address

LARGO, FLORIDA 33774

City State Zip 813-596-7955

Telephone Number

298 10029

MAY 1 2 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 5, 1998

ROSE MARIE WILSON 12800 VONN RD #8752 LARGO, FL 33774

SUBJECT: PROFESSIONAL PARALEGAL SERVICES, INC.

Ref. Number: W98000010029

We have received your document for PROFESSIONAL PARALEGAL SERVICES, INC. and check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 698A00024555

ARTICLES OF INCORPORATION

FILED

OF

98 NAY 12 AM 11:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA FAMILY PARALEGAL SERVICES, INC.

ARTICLE I NAME

The name of the corporation shall be: FLORIDA FAMILY PARALEGAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

8420 ULMERTON ROAD SUITE 416 LARGO, FL 33771

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROSE MARIE SLOAN WILSON 12800 VONN ROAD #8752 LARGO, FLORIDA 33774

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ROSE MARIE SLOAN WILSON 12800 VONN ROAD #8752 LARGO, FLORIDA 33774

The undersigned has executed these Articles of Incorporation this NINTH day of MAY 1998.

Ross Monie Slown, Incorporator Wilson

CERTIFICATE OF DESIGNATION

FILED
98 MAY 12 AM II: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

FLORIDA FAMILY PARALEGAL SERVICES, INC.

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

ROSE MARIE SLOAN WILSON 12800 VONN ROAD #8752 LARGO, FLORIDA 33774

Signature:

Title: DIRECTOR.

Date: 0

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:

Date: