# TRANSMITTAL LETTER

# P98000099429

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

SUBJECT:				
	(Proposed ca	orporate name - must include su	ffix)	<del>-</del>
			40000269 -11/23/98- ****122.5	38940 -01099017 0 *****78.75
Enclosed is an origin	nal and one(1) copy of the ari	icles of incorporation and a	chesk for:	
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY:REQUIRED	
FROM:	Nom	e (Printed or typed)		0 2
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### ARTICLES OF INCORPORATION

OF

#### PRO COURT INC.

## UNDER THE FLORIDA BUSINESS CORPORATION ACT



THE UNDERSIGNED INCORPORATOR, for the purpose of forming a corporation pursuant to the Florida Business Corporation Act hereby adopts the following Articles of Incorporation:

#### **ARTICLE I: NAME**

The name of corporation shall be PRO COURT INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 21005 O'Brien Road, Groveland, FL 34736

#### ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares with a par value of one dollar (\$1.00) per share.

# ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sara Michaeli, Vice President Novelty Crystal Corp. 21005 O'Brien Road Groveland, FL 34736

#### ARTICLE V: INCORPORATOR

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

Sara Michaeli 9326 Bentley Park Circle Orlando, FL 32819

Signature of Incorporator

Date

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 of Registered Agent

Date

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