EFFECTIVE DATE

TRANSMITTAL LETTER

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

SUBJECT: ADVOCATE PARALEGAL SERVICES, /wc.

(Proposed corporate name - must include suffix)

600003066176—12/10/99-01010-012

******87.50 *****87.50

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

□ \$70.00 □ \$78.75 □ \$78.75 □ \$78.75 □ \$87.50

Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _	ARTAY S. SUTTON Name (Printed or typed)	PIL BO DEC C
-	738 NW 23rd Aue.	M M 8
-	GAINESUILLE, FL 32609 City, State & Zip	illa 21

(352) (352) 37/-0701

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

HC12.13.99

EFFECTIVE DATE

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I--NAME

The name of the corporation shall be Advocate Paralegal Services, inc.

ARTICLE II--PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 738 NW 23rd Ave.

Gainesville, FL 32609

ARTICLE III--SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000

ARTICLE IV--INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Arjay S. Sutton 738 NW 23rd Ave. Gainesville, FL 32609

ARTICLE V--INCORPORATOR

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

Arjay S. Sutton

738 NW 23rd Ave.

Gainesville, FL 32609

ARTICLE VI--EFFECTIVE DATE

The Corporation is formed December 5, 1999, and is perpetual.

Arjay S. Sutton, 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

Arjay S. Sutton, Registered Agent

Date