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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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STATE OF THE STATE

J. Shivera JUN 2 1 2005

TRANSMITTAL LETTER

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

SUBJECT: Pain a	nd Injury Network inc. (PIN) (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUGEX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: M	irna Tapia and Veronica Cruz				
	Name	(Printed or typed)			<u>.</u> :
	5150 E. Club Circle #203			05 รากา 50	<u> </u>
Address					~ . - 유로
_	Boca Raton, Fl 33487			0	- GZ
	City,	State & Zip		ė	
	(786) 287- 8379			• 0	12
-	Daytime T	elephone number			

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Pain and Injury Network Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5150 E. Club Circle #203
Boca Raton, Fl 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a network for injured people who are looking for doctors, attorneys or specialist in their area.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mirna Tapia Owner 5150 E. Club Circle #203 Boca Raton, Fl 33487 Veronica Cruz - Co-Owner 9801 S.W. 54 street Miami, Fl 33165

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mirna Tapia 5150 E. Club Circle #203 Boca Raton, Fi 33487

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Mirna Tapia 5150 E. Club Circle #203 Boca Raton, Fl 33487

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Data