P97000024888 No

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10949, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

RE: ACCident In Jury
Legal Center, P.A.

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ 43 _____ Our $ _____

FILED
97 MAR 19 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 1997

Baby on the WAY

	C.C. FEE.	DISBU
___ Capital Express℠		
✓ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
___ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S-		
___ *Fictitious Name File*		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority ___		
___ Express Mail Prep. ___		
___ FAX ( ) pgs.		
SUBTOTALS ___		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/19/97		
TIME	2:00		CK No.
BY	CD		

WALK-IN
Will Pick Up ___ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YO
from
Your Capital Con

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NAME: Accident Injury Legal Center, P.A.

PURPOSE OF PROFESSIONAL ASSOCIATION: The practice of Law and conducting business.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address: Kevin M. Burns
3711 W. Azeele St.
Tampa, Fl. 33609

ARTICLE III SHARES

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

Twenty Shares with a one dollar par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kevin M. Burns
3711 W. Azeele St.
Tampa, Fl. 33609

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

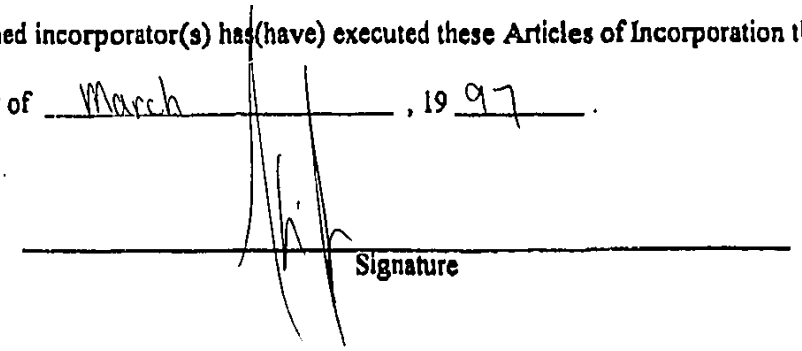
Incorporator: Kevin M. Burns
3711 W. Azeele St.
Tampa, Fl. 33609

Purpose of Professional Association:

The practice of Law and conducting business.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of March, 19 97.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF 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: Accident Injury Legal Center, P.A.

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

Kevin M. Burns
(NAME)

3711 W. Azeele St.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Tampa, Florida 33609
(CITY/STATE/ZIP)

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)

3/10/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314