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(Business Entity Name)

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09 MAR 30 PM 1:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

WD9-15017

B. McKnight APR 02 2009

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03-30-09

NAME: INJURY LEGAL SOLUTIONS, INC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: CK FOR \$70 ATTACHED

RETURN:

ACCOUNT: ~~FCA000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

*Hi,
Please keep the
original file date.*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: INJURY LEGAL SOLUTIONS, INC.
Ref. Number: W09000015017

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OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for INJURY LEGAL SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list either a current date or just the word perpetual in article 5. What you have listed is misleading.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 209A00010774

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Injury Legal Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/11/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 740 East Arrow Hwy. STE. D, Covina, CA 91722
(Principal office address)

425 East Arrow Hwy. #361, Covina, CA 91740
(Current mailing address)

8. Marketing & Advertising
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Florida Filing & Search Services, Inc

Office Address: 155 Office Plaza Dr, Suite A
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

RCS/Hopf 3/30/09
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ajathan Pope-Singh
Address: 425 E. Arrow Hwy. #361
Covina, CA 91740

Vice Chairman: David James
Address: 425 E. Arrow Hwy. #361
Covina, CA 91740

Director: _____
Address: _____
Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

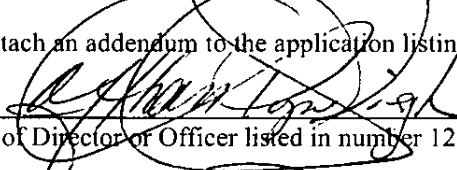
President: Ajathan Pope-Singh
Address: 425 E. Arrow Hwy. #361 Covina, CA

Vice President: Ajathan Pope-Singh
Address: 425 E. Arrow Hwy. #361, Covina, CA

Secretary: Ajathan Pope-Singh
Address: 425 E. Arrow Hwy. #361, Covina, CA

Treasurer: Ajathan Pope-Singh
Address: 425 E. Arrow Hwy. #361 Covina, CA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Ajathan Pope-Singh CEO
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

INJURY LEGAL SOLUTIONS, INC.

FILE NUMBER: C3104532
FORMATION DATE: 06/11/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

711 E.D.
09 MAR 30 AM 10:56
OFFICE OF THE SECRETARY OF STATE
ALABAMA SEC. OF STATE

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 10, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State