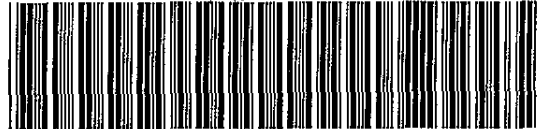


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03 FEB - 9 PM 3:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

FILED

03 FEB -5 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 28, 2003

START A BUSINESS.COM
C/O ANDY ROSARIO
101 MAIN STREET, SUITE ONE
TAPPAN, NY 10983

SUBJECT: ALL ABOUT INURIES CENTER, LLC
Ref. Number: W03000002558

We have received your document for ALL ABOUT INURIES CENTER, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

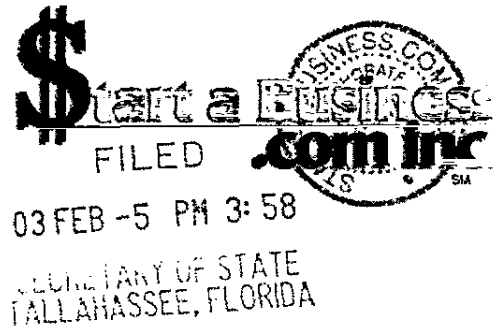
Please sign and return your check along with this document in order to complete your filing.

Please return 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 803A00005302



January 22, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: All About Injuries Center, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Incorporation for the above named entity. I am also requesting that these documents be certified. Mailing materials have been included. I understand that the fees to file the above entity will be \$155.00. Therefore, enclosed in this package you will find a check to cover all costs.

Once filed and certified please return final evidence to me at the below address via US Mail:

Start A Business.com
C/O Andy Rosario
101 Main Street, Suite One
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call me at 1.888.664.6263 or 845.398.0900.

Thank you.

Andy Rosario


Client Services

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

All About Injuries Center, LLC

03 FEB -5 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

526 E. Park Avenue, Tallahassee, FL 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

NRAI Services, Inc.

By: 

Registered Agent's Signature

Mark H. Schaeffer, Asst Secy of NRAI Services, Inc.

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark H. Schaeffer, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)