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**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**

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**DATE: 7/25/2023**

**NAME: THE INJURY LINK LLC**

**TYPE OF FILING: ARTICLES**

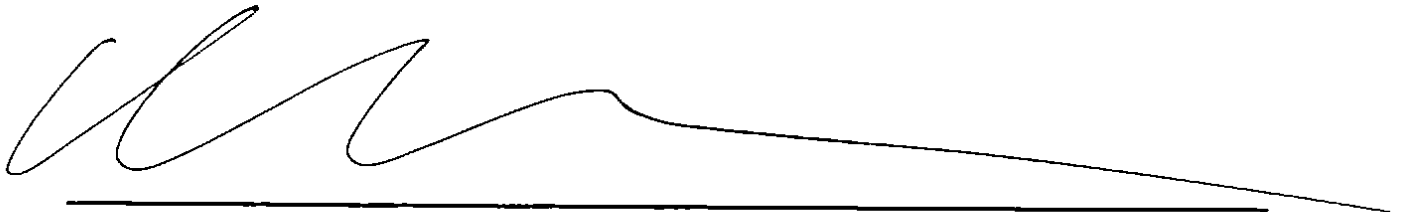
**COST: 125.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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Hello!

Please note that the manager listed on this filing is a **separate** entity formed in Wyoming – it is not the same entity that is being formed with this filing. They just share the same name. The client is hoping to avoid any issues/confusion which is why I am including this note ahead of time (he has had issues with this before on a separate filing).

Please feel free to call our office if there are any issues/confusion and ask for Ray. You can also email me at [rayanne@floridafiling.com](mailto:rayanne@floridafiling.com) if that is preferred. **The client is also happy to be contacted via the information on the cover letter if you would like to talk to him directly**, which may be easier. This is kind of a weird one and I'm not sure if I've explained it properly, so sorry if I have made this more confusing.

Thank you in advance and happy Tuesday (:

-Ray

Florida Filing and Search Services, Inc.

850-216-0457

2023 J. 2 PM 12:49

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** THE THE INJURY LINK LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tomas Gonzalez, Esq.  
Tomas Gonzalez Law, P.A.  
P.O. Box 934878  
Margate, Florida 33093-4878  
sunbiz@tomasgonzalezlaw.com

For further information concerning this matter, please call:

Tomas Gonzalez at (833) 288-7878

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE INJURY LINK LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7901 4TH ST N, STE 300  
ST PETERSBURG FL 33702

PO BOX 654332  
MIAMI FL 33265-4332

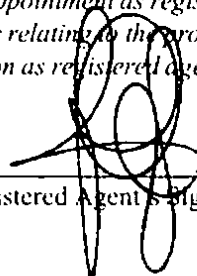
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TOMAS GONZALEZ LAW, P.A.  
8181 NW 154TH ST STE 204  
MIAMI LAKES FL 33016

*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 605, F.S..*



\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE  
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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

THE INJURY LINK LLC  
30 N GOULD ST STE R  
SHERIDAN WY 82801

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

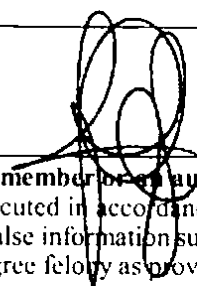
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TOMAS GONZALEZ, ESO.

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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STATE OF FLORIDA  
DEPARTMENT OF STATE

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