

TRANSMITTAL LETTER

PO0000008297

Department of State
Division of Corporations
P. O. Box 637
Tallahassee, FL 32314

900003093409--6

-01/10/00-01100-010

*****87.50 *****87.50

SUBJECT: MEDICAL LEGAL SPECIALISTS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy

☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LOUISE H. SALADINO
Name (Printed or typed)

360-1 PRESTWICK Circle
Address

PALM BEACH GARDENS, FL 33418
City, State & Zip

(561) 627-3423
Daytime Telephone number

FILED
00 JAN 10 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PM
26-00

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL LEGAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

360-1 PRESTWICK Circle
PALM BEACH GARDENS, FL 33418

ARTICLE III SHARES

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

2,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LOUISE H. SALADINO
360-1 PRESTWICK Circle
PALM BEACH GARDENS, FL 33418

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LOUISE H. SALADINO
360-1 PRESTWICK Circle
PALM BEACH GARDENS, FL 33418

Louise H. Saladino
Signature/Incorporator

1/6/2000
Date

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

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

Louise H. Saladino
Signature/Registered Agent

1/6/2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA