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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

workers' compensation help line, law office of vance

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ARTICLES OF INCORPORATION

OF

WORKERS' COMPENSATION HELP LINE,
LAW OFFICE OF VANCE B. MOORE, P.A.

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DIVISION OF CORPORATIONS

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WORKERS' COMPENSATION HELP LINE,
LAW OFFICE OF VANCE B. MOORE, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 10870 FOX GLEN DRIVE
BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose of this corporation shall be for the practice of law.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares having no individual par value.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

VANCE B. MOORE

10870 FOX GLEN DRIVE
BOCA RATON, FL 33428

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ARTICLE VI DIRECTORS

The name and address of the board of directors is:

VANCE B. MOORE
DIR./ PRES.

10870 FOX GLEN DRIVE
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 W. FLAGLER ST #200
MIAMI, FL 33135

The undersigned has(have) executed these Articles of Incorporation this 03RD day of JULY, 2000.

Ray Stormont
Incorporator
Ray Stormont/President
Signing for
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 621, 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.

First that Workers' Compensation Help Line, Law Office of Vance B. Moore, P.A.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA
(Florida)

with its principal office, as indicated in the articles of incorporation has

named Vance B. Moore
(Name of Registered Agent)

located at 10870 Fox Glen Drive, Boca Raton, FL 33428
(P.O. Box Not Acceptable)

City of Boca Raton County of Palm Beach State of Florida, as its

agent to accept service of process within this state.

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 Vance B. Moore
Registered Agent

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