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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.**WORK INJURY SOLUTIONS OF DADE COUNTY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McNight SEP - 5 2001

H01-95737

Articles of Incorporation

Article 1: Name of Corporation: **WORK INJURY SOLUTIONS OF DADE COUNTY, INC.**

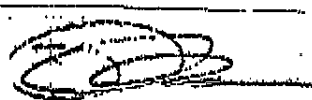
Address of Corporation: **9415 SUNSET DR. #195
MIAMI, FLORIDA 33173**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **10,000**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **PAUL RAMOS**

REGISTERED OFFICE: **9415 SUNSET DR. #195
MIAMI, FLORIDA 33173**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

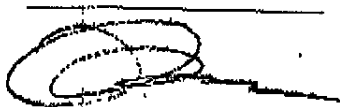
Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **PAUL RAMOS (PRESIDENT), 9415 SUNSET DR. #195, MIAMI, FLORIDA 33173**
2. **GUSTAVO GUTIERREZ JR. (SECRETARY), 9415 SUNSET DR. #195, MIAMI 33173**
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**PAUL RAMOS
9415 SUNSET DR. #195
MIAMI, FLORIDA 33173**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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