## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

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

\$70.00

**□** \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

		FROM:	Gerald 3. Livingston
JECE VED	02 JAN 14 PN 1:32	EN OF CONTOUR LAND	Name (Printed or typed)  800004773446 Fi -01/14/0201028019
			Orlando Fl 32802 City, State & Zip
			(407) 422-2524  Daytime Telephone number

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

# ARTICLES OF INCORPORATION OF WORKERS' COMP ALLIANCE, INC.



The undersigned, for the purposes of forming a corporation under the Florida General Corporations Act, do hereby adopt the following Articles of Incorporation:

#### ARTICLE I

#### NAME OF CORPORATION:

The name of this corporation shall be:

Worker' Comp Alliance, Inc.

#### **ARTICLE II**

#### ADDRESS OF THE CORPORATION:

The street address of the initial principal office of the corporation is: 612 E. Colonial Drive, Suite 350, Orlando, Florida 32803.

#### ARTICLE III

#### **CORPORATION EXISTENCE:**

This corporation shall exist perpetually unless dissolved according to law.

#### **ARTICLE IV**

#### **GENERAL NATURE OF BUSINESS:**

The general purposes for which the corporation is organized are:

1. To transact any lawful business for which corporations may be incorporated under the Florida General Corporations Act, or engage in any other trade or business.

- 2. To do such other things as are incidental to the foregoing or necessary or desirable to accomplish the foregoing.
- 3. Enter into any lawful arrangements for sharing profits and losses in any transaction or transactions, and to promote and organize other corporations.

### **ARTICLE V**

#### **CAPITAL STOCK:**

The aggregate number of shares which the corporation is authorized to issue is One Thousand Shares (1,000). The shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

#### **ARTICLE VI**

#### **INCORPORATOR:**

The name and address of the incorporator is:

Gerald S. Livingston, Esquire 612 E. Colonial Drive, Suite 350 Orlando, Florida 32803

#### **ARTICLE VIII**

### REGISTERED AGENT:

The name and address of the initial registered agent of this corporation is: Gerald S. Livingston, Esquire, 612 E. Colonial Drive, Suite 350, Orlando, Florida 32803.

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 as provided for in Chapter 608, Fla. Stat.

Gerald S. Livingston, Esquire Registered Agent

IN WITNESS WHEREOF, I, the undersigned, being the original subscriber to the capital stock of Workers' Comp Alliance, Inc., hereinabove named, have hereunto set my hand and seal this  $\frac{11^{32}}{2}$  day of January, 2002.

Gerald S. Livingston, Esquire

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, personally appeared before me, the undersigned authority, Gerald S. Livingston, who is personally known to me, and who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed the said Articles of Incorporation as his free and voluntary act and deed for the uses and purposes therein set forth and expressed.

WITNESS my hand and official seal in the County and State last aforesaid day of January, 2002.

(SEAL)

CARRIE EAMES
MY COMMISSION # CC 9127--EXPIRES: February 21, 2004
Gonded Thru Notary Public Underwriters

Notary Public State of Florida

My commission expires:

rue Famel

2/21/04

SECRETARY OF STATE SHARESEE, FLORIDA