

P03000041868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

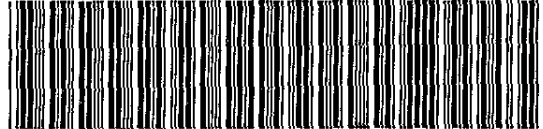
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/09/03--01023--006 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -9 AM 8:50

4-15-03

## TRANSMITTAL LETTER

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

**SUBJECT:** THE PERSONAL INJURY LEGAL CENTER, P.A.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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:** IBRAHIM REYES-GANDARA, ESQ.  
Name (Printed or typed)

236 VALENCIA AVENUE  
Address

CORAL GABLES, FL 33134  
City, State & Zip

(305) 445-0011  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

THE PERSONAL INJURY LEGAL CENTER, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

236 VALENCIA AVENUE, CORAL GABLES, FL 33134

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF LAW

### ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

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

IBRAHIM REYES-GANDARA, ESQ.  
236 VALENCIA AVENUE, CORAL GABLES, FL 33134

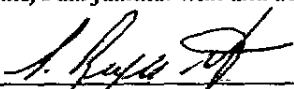
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

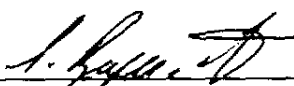
IBRAHIM REYES-GANDARA, ESQ.  
236 VALENCIA AVENUE, CORAL GABLES, FL 33134

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

4/01/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/01/03  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
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