

PD3000/28594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

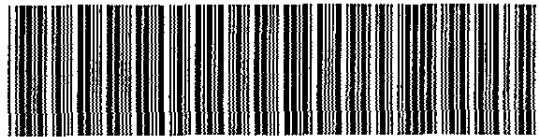
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Legal Med Review Inc.

(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: Deanna L. Paterna

Name (Printed or typed)

PO Box 13223

Address

Tallahassee, Fla. 32317-3223

City, State & Zip

(850) 668-5076

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:

- Legal Med Review Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 13223

Tallahassee, Fla. 32317-3223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Deanna L. Paterna

PO Box 13223

Tallahassee, Fla. 32317-3223

CEO

ARTICLE VI REGISTERED AGENT

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

Edward Lacasa, Esq.

701 Brickell Avenue Ste 1900

Miami, Fla. 33131

ARTICLE VII INCORPORATOR

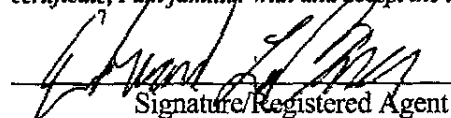
The name and address of the Incorporator is:

Deanna L. Paterna

PO Box 13223

Tallahassee, Fla. 32317-3223

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

11/4/03
Date


Signature/Incorporator

11/4/03
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA