# Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

THE CHARLES OF STREET STREET, STREET STREET, S

From:

Account Name

: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone

: (407)843-4600

Fax Number

: (407)843-4444

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# FLORIDA PROFIT CORPORATION OR P.A.

WORKER'S COMPENSATION PROGRAM SERVICES INC.

D. WHITE AUG

Certificate of Status Certified Copy 41 Estimated Charge 878.75

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#### ARTICLES OF INCORPORATION

**OF** 

## WORKER'S COMPENSATION PROGRAM SERVICES INC.

2004 AUG 12 P 1: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I - NAME

The name of this corporation is WORKER'S COMPENSATION PROGRAM SERVICES INC.

## ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office of the corporation is and the mailing address of the corporation shall be 215 North Eola Drive, Orlando, Florida 32801.

#### ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue One Thousand (1,000) shares of One Cent (\$0.01) par value common stock.

#### ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of this corporation at that address is Julia Frey.

#### ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) director(s) initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The names and addresses of the initial directors are as follows:

NAME

--- ADDRESS

Michael P. Judge

31 Hamilton Road.

Dallas, Pennsylvania 18612

Peter H. Eckman

31 Hamilton Road,

Dallas, Pennsylvania 18612

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## ARTICLE VI - INCORPORATOR

The name and address of the person signing these Articles are as follows:

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Julia L. Frey

215 North Eola Drive Orlando, Florida 32801 SECRETARY OF STATE TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 11th day of August, 2004.

ulia L. Frey, Ingorporato

## ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of V'ORKER'S COMPENSATION PROGRAM SERVICES INC.

Julia L Frey, Registered Agent