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Division of Corporations

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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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA PROFTT CORPORATION OR P.A.
FLORIDA WORKERS COMPENSATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME**

The name of the corporation shall be
FLORIDA WORKERS COMPENSATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is
417 N Safford Ave.
Tarpon Springs, FL 34689-3465

ARTICLE III PURPOSE

The purpose for which the corporation is organized :
The corporation may engage in any activity or business permitted
under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
10,000 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR & PRESIDENT:

DAVID SCHALLMO

417 N Safford Ave.

Tarpon Springs, FL 34689-3465

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TALLAHASSEE, FLORIDA

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FLORIDA WORKERS COMPENSATION, INC.

ARTICLE VI REGISTERED AGENT

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

DAVID SCHALLMO

417 N Safford Ave.

Tarpon Springs, FL 34689-3465

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

DAVID SCHALLMO

417 N Safford Ave.

Tarpon Springs, FL 34689-3465

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.



DAVID SCHALLMO / Registered Agent

4/6/05
Date



DAVID SCHALLMO /Incorporator

4/6/05
Date

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