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To:

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

injured workers compensation network, inc.

Certificate of Status	0
Certified Copy	1
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Articles of Incorporation

Article 1: Name and Address of Corporation:

INJURED WORKERS COMPENSATION NETWORK, INC.
5891 S. MILITARY TRAIL #3A
LAKE WORTH, FL 33463

Article 2: Capital Stock: The number of shares which the corporation has authorized be outstanding at any one time is 1000 with no par value.

Article 3: Registered Agent Name and Office:
JEFFREY COHEN
5891 S. MILITARY TRAIL #3A
LAKE WORTH, FL 33463

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.

Jeffrey Cohen

Signature of Registered Agent

Article 4: The Board of Directors is: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. JEFFREY COHEN, 5891 S. MILITARY TRAIL #3A, LAKE WORTH, FL 33463

Article 5: Incorporator Name and Address:
JEFFREY COHEN
5891 S. MILITARY TRAIL #3A
LAKE WORTH, FL 33463

In witness whereof, I have subscribed my name:

Jeffrey Cohen

Signature of Incorporator

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