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08 APR 16 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Accelerated Workers' Comp Funding Co.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Ryan Phillips
Name (Printed or typed)

2400 E Commerical Blvd., Suite 826
Address

Ft. Lauderdale, FL 33308
City, State & Zip

954-257-7050
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:

Accelerated Workers' Comp Funding Co.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2400 E Commerical Blvd., Suite 826, Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Obtaining an interest in workers' compensation cases in exchange for cash advances

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ryan S. Phillips, President
2400 E Commerical Blvd., Suite 826, Ft. Lauderdale, FL 33308

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ryan S. Phillips
2400 E Commerical Blvd., Suite 826, Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryan S. Phillips
2400 E Commerical Blvd., Suite 826, Ft. Lauderdale, FL 33308

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

Signature/Incorporator

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Date

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Date