

PO9 0000 39154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

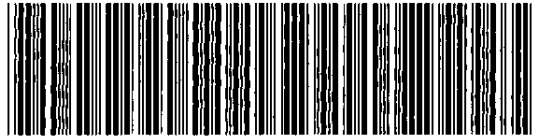
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOTARY OF STATE
NOT PUBLIC

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COVER LETTER

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

SUBJECT: Personal Injury Incorporated
(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: Dr. Steven A. Edson
Name (Printed or typed)

553 E. Sample Rd
Address

Pompano Beach FL 33064
City, State & Zip

954-661-8602
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:

Personal Injury Incorporated

ARTICLE II PRINCIPAL OFFICE

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

553 E Sample Rd Pompano Beach fl 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Chiropractic & medical service facility to cater to the care of person's injured in accidents.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 total

510 - Steven Edson

490 - Bruno Balbi

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Steven A. Edson
3927 NW 89th Ave
Coral Springs fl.
33065

owner/president

Bruno Balbi
1356 SE 6th St
Deerfield Beach
fl 33441

ARTICLE VI REGISTERED AGENT

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

Dr. Steven A. Edson
3927 NW 89th Ave
Coral Springs fl 33065

ARTICLE VII INCORPORATOR

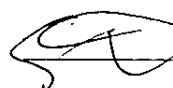
The name and address of the Incorporator is:

Dr. Steven A. Edson
3927 NW 89th Ave
Coral Springs fl. 33065

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

 Steven A. Edson DC
Signature/Registered Agent

4-28-09
Date

 Steven A. Edson DC
Signature/Incorporator

4-28-09
Date