

P10000043892

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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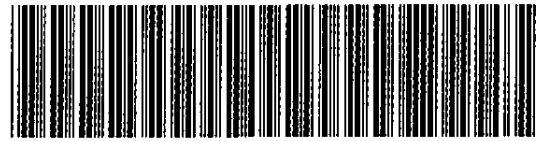
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 MAY 20 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Workers' Compensation & Employment Law Center, P.A.

(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: Jason S. Remer

Name (Printed or typed)

11900 Biscayne Blvd. Suite 288

Address

Miami, Florida 33181

City, State & Zip

305-416-5000

Daytime Telephone number

jrem@rgpatto@neys.com

E-mail address: (to be used for future annual report notification)

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)

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10 MAY 20 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Workers' Compensation & Employment Law Center, P.A.

ARTICLE II PRINCIPAL OFFICE

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

11900 Biscayne Boulevard, Suite 288, Miami, Florida 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Association organized for the purpose to practice law

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

A.M. Georges Penn
11900 Biscayne Blvd, Suite 288
Miami, Florida 33181
Co-President

J.S. Remer
11900 Biscayne Blvd, Suite 288
Miami, Florida 33181
Co-President

ARTICLE VI REGISTERED AGENT

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

Jason S. Remer, 11900 Biscayne Blvd. Suite 288
Miami, Florida 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason S. Remer, 11900 Biscayne Blvd. Suite 288
Miami, Florida 33181

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

5-14-10

Date

5-14-10

Date