# P1000059287

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer:				
CORRECT ALT Purpose				
DATE DOC. EXAM 15 7 22				

Office Use Only



700183349647

07/16/10--01015--011 \*\*70.00

SECRETARY OF STATE



PS7/22/10

# **COVER LETTER**

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

SUBJECT: FLORID	A INJURY LAW GROUP, PA	•	
	(PROPOSED CORPOR	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	<b>☑</b> \$78.75	□ ¢70 75	<b>17</b> \$97 \$0
•		\$78.75	
Filing Fee	Filing Fee	•	Filing Fee,
	& Certificate of Status	& Certified Copy	
		İ	& Certificate o
		ł	Status
		ADDITIONAL CO	PY REQUIRED
IAI	MIET ALLEN ESONIDE		
FROM: JA	MIE L ALLEN, ESQUIRE	e (Printed or typed)	
	Nam	ic (1 fillied of typed)	
110	E BROWARD BLVD, SUITE 17	′∩∩	
	E BROWARD BEAD; COME 17	Address	<del></del>
<b>~</b> 0	DT   AUGEDDALE EL 20224	,	
<u>FO</u>	RT LAUDERDALE, FL 33301	, State & Zip	<del></del>
	City	, state & zap	
954	-793-4170	·	
<del></del> -		Telephone number	·····
	my *******		
JAN	NE@JAMIEALLENLAW.COM		
	E-mail address: (to be use	ed for future annual report n	otification)

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:

FLORIDA INJURY LAW GROUP, PA

### ARTICLE II PRINCIPAL OFFICE

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

110 E BROWARD BLVD, SUITE 1700

FORT LAUDERDALE, FL 33301

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **LEGAL SERVICES** 

## ARTICLE IV SHARES

The number of shares of stock is: 100

### INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): JAMIE L ALLEN, PRESIDENT 110 EAST BROWARD BLVD. **SUITE 1700** FORT LAUDERDALE, FL 33301

### REGISTERED AGENT ARTICLE VI

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

JAMIE L ALLEN, ESQUIRE 110 E BROWARD BLVD, SUITE 1700

FORT LAUDERDALE, FL 33301

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMIE L ALLEN, ESQUIRE

110 E BROWARD BLVD, SUITE 1700

FORT LAUDERDALE, FL 33301

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

-11-10

Date

8