

P12000022028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

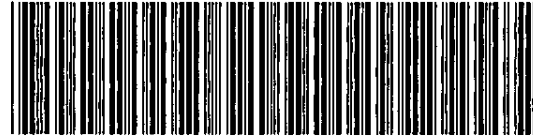
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900223767029

03/05/12--01056--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:52

Ps 3/6/12

COVER LETTER

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

SUBJECT: The Workers' Compensation Trial Group, 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 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: Brian C. Dowling

Name (Printed or typed)

11729 Lake Butler Blvd.

Address

Windermere, Florida 34786

City, State & Zip

407-876-2226

Daytime Telephone number

bcdowling@hotmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR -5 PM 1:52

ARTICLE I NAME

The name of the corporation shall be: The Workers' Compensation Trial Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11729 Lake Butler Blvd.
Windermere, Florida 34786

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian C. Dowling, CEO
Address: 11729 Lake Butler Blvd.
Windermere, Florida 34786

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

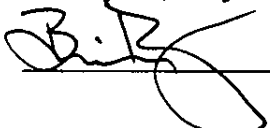
Name: Brian C. Dowling
Address: 11729 Lake Butler Blvd
Windermere, Florida 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian C. Dowling
Address: 11729 Lake Butler Blvd
Windermere, Florida 34786

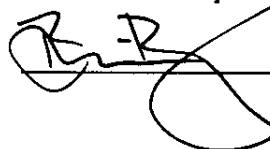
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/1/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3/1/12
Date