

P12000055014

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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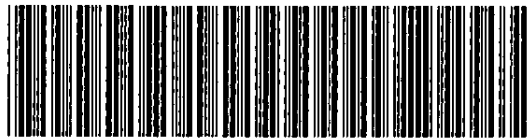
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 JUN 18 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Accident & Injury Consultant Group, Inc.
(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: Donald Gallo
Name (Printed or typed)

1745 Coral Ave
Address

North Lauderdale, FL 33068
City, State & Zip

561-703-8742
Daytime Telephone number

injuryconsultant@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

Accident & Injury Consultant Group, Inc.

Principal street address

1745 Coral Ave
North Lauderdale, Florida 33068

Inc. FILED
12 JUN 18 PM 1:32
Mailing address, if different is:
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

The purpose for which the corporation is organized is:

The number of shares of stock is: 100

Name and Title: Donald Gallo President
Address: 1745 Coral Ave.
North Lauderdale, Florida 33068

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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

Name: Don Gallo
Address: 1745 Coral Ave
North Lauderdale, Florida 33068

The name and address of the Incorporator is:

Name: Don Gallo
Address: 1745 Coral Ave.
North Lauderdale, Florida 33068

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

Donald H. Dalls
Required Signature/Registered

Required Signature/Registered Agent

6/15/2012

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.

Donald H. Bado
Required Signature/Incorp

Required Signature/Incorporator

6/15/2012

Date _____