

P97000073833

TRANSMITTAL LETTER

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

600002277346--3
-08/26/97--01008--039
*****78.75 *****78.75

SUBJECT: All Worker's Compensation, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Roberta Steinberg
Name (Printed or typed)

9017 Turnberry Court
Address

Tallahassee Florida 32312
City, State & Zip

850-668-8321
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 26 AM 10:36

RECEIVED
97 AUG 26 AM 10:30

Will
Wait

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

8-25-97
WS

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

All Worker's Compensation, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Tallahassee, FL
P.O. Box 12306
Tallahassee, FL 32317-2306

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

* 7,500 No PAR Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Roberta Steinberg
9017 Turnberry Court
Tallahassee, Florida 32312

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Roberta Steinberg
9017 Turnberry Court
Tallahassee, FL 32312

Roberta Steinberg

Signature/Incorporator

8/26/97

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Roberta Steinberg

Signature/Registered Agent

8/26/97

Date

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DIVISION OF CORPORATIONS
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