

P09000050007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

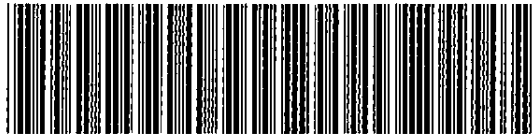
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EL 6/9/09

COVER LETTER

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

SUBJECT: James W. DeGrace, D.C., 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: Dr. James W. DeGrace
Name (Printed or typed)

12501 Morgan Rd
Address

Hudson, FL 34669
City, State & Zip

(727) 277-8223
Daytime Telephone number

a1drjim@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)

ARTICLE I NAME

The name of the corporation shall be: James W. DeGrace, D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

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

12501 Morgan Rd.
Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Physician's Office/Practice

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):

Dr. James W. DeGrace, President
12501 Morgan Rd.
Hudson, FL 34669

ARTICLE VI REGISTERED AGENT

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

Dr. James W. DeGrace
12501 Morgan Rd.
Hudson, FL 34669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. James W. DeGrace
12501 Morgan Rd.
Hudson, FL 34669

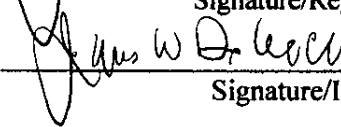
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

05/27/2009

Date



Signature/Incorporator

05/27/2009

Date

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TALLAHASSEE, FLORIDA