P10000022994

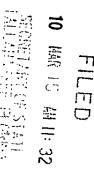
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Harriey				
(Document Number)				
(Bootine Relatibely				
Cartifical Conies Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200171981592

03/15/10--01012--018 **87.50



3-16-10 24

COVER LETTER

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

SUBJECT: Grand	Oaks Clinic, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles 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	
FRОМ: <u>G</u>	rand Oaks Clinic, Inc. Nam	e (Printed or typed)	
26	314 State Road 54 (Wesley Char	oel Boulevard) Address	
		Address	
<u>Lu</u>	tz, Florida 33559		. <u>. </u>
	City	, State & Zip	
<u>81</u>	3-464-5454		
	Daytime 7	Telephone number	
kat	gun@live.com		

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

E-mail address: (to be used for future annual report notification)

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:

Grand Oaks Clinic.Inc.

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: any legal business

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):

Shawn Simpson 26314 State Road 54 Director (Wesley Chapel Blvd)

D.O.

Lutz, Fl. 33559

ARTICLE VI REGISTERED AGENT

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

Glen Gunderson D.C.

26314 State Road 54(Wesley Chapel Blvd)

Lutz, Fl. 33559

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Glen Gunderson D.C.

26314 State Road 54(Wesley Chapel Blvd)

Lutz,FI. 33559

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

11 Mar. 10
Date

11 Mor. 10

÷