

**P22000087899**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HUMAN PERFORMANCE CHIROPRACTIC, P.A.**

Certificate of Status	0
Certified Copy	1
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11/28/2022 08:20:34

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

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**ARTICLE I NAME**

The name of the corporation shall be: Human Performance Chiropractic, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2448 N. Heritage Oaks Path  
Hernando, Florida 34442

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide chiropractic services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 10 million

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Ben Lerner , CEO  
Address 11321 Camden Park Dr.  
Windermere, FL 34786

Name and Title: Dr. Matt Wallis, President  
Address: 6560 New Hope Church Road  
Paducah, KY 42001

Name and Title: Dr. Joe Verna, Chief Technical Officer  
Address 17066 Ashcomb Way  
Estero, FL 33928

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. Ben Lerner

Address: 11321 Camden Park Dr.  
Windermere, FL 34786

**ARTICLE VII INCORPORATOR**

The ~~name and address~~ of the incorporator is:

Name: Dr. Ben Lerner

Address: 11321 Camden Park Dr.  
Windermere, FL 34786

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11-23-22  
 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.817.135, F.S.*

  
 Required Signature/Incorporator

11.23.2022  
 Date