

P10000076491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

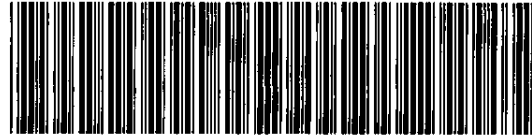
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100185471241

09/17/10--01024--006 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 17 PM 1:09

APPROVED  
FILED

75 9/20/10

## COVER LETTER

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

**SUBJECT:** GARDNER CHIROPRACTIC & SPORTS REHABILITATION CENTER 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:** OVIEDO FINANCIAL SERVICES INC

Name (Printed or typed)

1693 W BROADWAY STREET SUITE 3000

Address

OVIEDO FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@AOL.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)

APPROVED  
AND  
FILED

10 SEP 17 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE I NAME**

The name of the corporation shall be:

GARDNER CHIROPRACTIC & SPORTS REHABILITATION CENTER, INC

## **ARTICLE II PRINCIPAL OFFICE**

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

830 E STATE ROAD 434

SUITE 1

LONGWOOD, FLORIDA 32750

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CHIROPRACTIC & SPORTS REHABILITATION

## **ARTICLE IV SHARES**

The number of shares of stock is:

200 SHARES

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

List name(s), address(es) and specific title(s):

PAUL GARDNER  
8815 NW 236TH ST  
ALACHUA, FLORIDA  
32615

## **ARTICLE VI REGISTERED AGENT**

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

OVIDO FINANCIAL SERVICES, INC.  
1693 W BROADWAY STREET SUITE 3000  
OVIDO, FLORIDA 32765

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OVIDO FINANCIAL SERVICES, INC.  
1693 W BROADWAY STREET SUITE 3000  
OVIDO, FLORIDA 32765

\*\*\*\*\*

*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

  
Signature/Incorporator

09/14/10

Date

09/14/10

Date