

F07000001815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

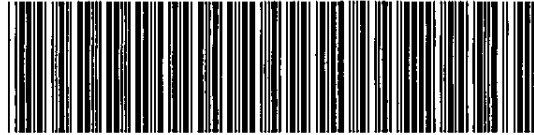
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/07--01039--018 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 4 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nasly M. Lopez, DC, PC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Nasly M. Lopez
(Name of Person)

Nasly M. Lopez, DC, PC
(Firm/Company)

3108 Piedmont Road Suite 212
(Address)

Atlanta, GA 30305
(City/State and Zip code)

For further information concerning this matter, please call:

Dr. Nasly M. Lopez at (678) 467-3664
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Nasly M. Lopez, D.C., P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Team Lopez Chiropractic
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 68-0498034
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/22/02 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3108 Piedmont Road Suite 212 Atlanta, GA 30305
(Principal office address)

3108 Piedmont Road Suite 212 Atlanta, GA 30305
(Current mailing address)

8. Chiropractic Physician
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

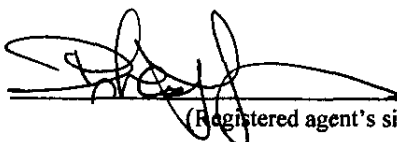
Name: Dr. Nasly M. Lopez

Office Address: 1303 Pinewood Lane

Ocoee, Florida 34761
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: na

Address: _____

Vice Chairman: na

Address: _____

Director: na

Address: _____

Director: na

Address: _____

B. OFFICERS

President: Dr. Nasly M. Lopez

Address: 3108 Piedmont Road Suite 212
Atlanta, GA 30305

Vice President: _____

Address: _____

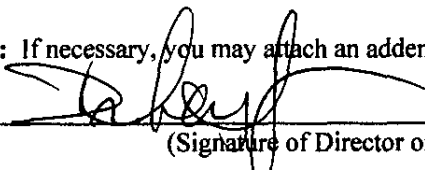
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Dr. Nasly M. Lopez, President/owner
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 070327250
CONTROL NUMBER : 0217462
DATE INC/AUTH/FILED: 04/02/2002
JURISDICTION : GEORGIA
PRINT DATE : 03/27/2007
FORM NUMBER : 211

DR. NASLY M. LOPEZ
3108 PIEDMONT RD SUITE 212
ATLANTA, GA. 30305

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NASLY M. LOPEZ, D.C., P.C.
A PROFESSIONAL CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Karen C Handel
Secretary of State