

**F19000001733**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

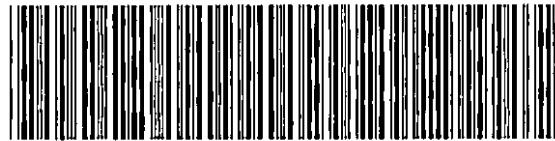
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 3/18/19**

**NAME: BACK TO WELLNESS CHIROPRACTIC INC**

**TYPE OF FILING: APPLICATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**2019 MAR 18 PM 4:55**  
**TALLAHASSEE, FLORIDA**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attorney*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BACK TO WELLNESS CHIROPRACTIC INC  
Ref. Number: W19000026576

We have received your document for BACK TO WELLNESS CHIROPRACTIC INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise application to reflect proper date that entity was transacting business.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 819A00006952

*Please keep original file  
date.  
Thank you!*

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**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.*

Back to Wellness Chiropractic, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/29/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 409 W. Bloomingdale Ave., Brandon, FL 33511  
(Principal office address)

Same  
(Current mailing address, if different)

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

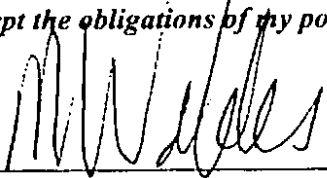
Name: Michele M. Valdes

Office Address: 4309 Glendon Place

Valrico, Florida 33596  
(City) (Zip code)

**9. 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)

10. 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Michele M. Valdes

Address: 4309 Glendon Place

Valrico, FL 33596

Director: Robert K. Valdes

Address: 4309 Glendon Place

Valrico, FL 33596

**B. OFFICERS**

President: Robert K. Valdes

Address: 4309 Glendon Place

Valrico, FL 33596

Vice President: Michele M. Valdes

Address: 4309 Glendon Place

Valrico, FL 33596

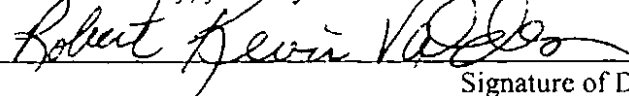
Secretary: Michele M. Valdes

Address: 4309 Glendon Place, Valrico, FL 33596

Treasurer: Michele M. Valdes

Address: 4309 Glendon Place, Valrico, FL 33596

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

  
Signature of Director or Officer

officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

Robert K. Valdes, President

(Typed or printed name and capacity of person signing application)

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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2019 MAR 18  
TALLAHASSEE, FLA.

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BACK TO WELLNESS CHIROPRACTIC, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 29, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 17, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State