# F990 TRANSMITTALLETTICO 3881

To: Qualification/ Division of Co	Tax Lien Section proporations			
SUBJECT: Clevel	and Chiropractic	Clinic, P.A.		
	(Name	of corporation - must include suffix)		
Dear Sir or Madam:				
The enclosed "Applicat and check are submitted	ion by Foreign Corporation for the land to register the above reference to the land to the	or Authorization to Transact Business aced foreign corporation to transact bu	s in Florida", "Certificate o usiness in Florida.	f Existence",
Please return all corresp	ondence concerning this ma	tter to the following:		
	Philip Lester		200002903	
		(Name of Person)	-05/14/99( *****78.75	)1118006 *****78.75
	Cleveland Chiro	opractic Clinic, PC	1.19	9-14189
		(Firm/Company)	00 (	1-19189
	176 Longview A	7e		
		(Address)		
	Celebration, FI	34747	_ = .	
		(City/State/Zip)	······································	• -
Should you need to call	someone concerning this mai	tter, please call:		
Philip Lester		at 407-566-0617		
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)	No.
STREET ADDRESS:		MAILING ADDR	ESS:	ू जुन जुन
Qualification/Tax Lien S Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax I Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	
Enclosed is a check for t	he following amount:		_	<u></u>
\$70.00 Filing Fee	x \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	yntu 7/29



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 17, 1999

PHILIP LESTER CLEVELAND CHIROPRACTIC CLINIC, PC 176 LONGVIEW AVE CELEBRATION, FL 34747

SUBJECT: CLEVELAND CHIROPRACTIC CLINIC, PA

Ref. Number: W99000014189

We have received your document for CLEVELAND CHIROPRACTIC CLINIC, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on line #1 of the application should match the name on the certificate.,

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 899A00032621

### 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.

	and Chiropractic Clinic, P.			
	rporation; must include the word "INCORPO			
	s of like import in language as will clearly inc	dicate that it is a	corporation instead of a natural p	erson or
partnership i	if not so contained in the name at present.)			
			58-157129	n :
2. <u>Georgia</u>	1	3. <u>_</u>		
(State or o	country under the law of which it is incorpora	ited)	(FEI number, if appl	icable)
			_	
4.	01-01-84	5 <u></u>	Perpetual rtion: Year corp. will cease to exist	
	(Date of incorporation)	(Dura	tion: Year corp. will cease to exis	st or "perpetual")
6.	06	/01/99		
	(Date first transacted business in Florida.) (SE		07.1501.607.1502 and 817.155.	F.S.)
,	,Sato mist dambasted sabinists in 1 israel, (SE		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,
7 176 Lor	ngview Ave			
,, <u></u>				
Colobra	ation, FL 34747-0494		~ ~	
Cerente	(Current	mailing address)		<u> a</u>
	(Curent	maning address,	1	99 ¥¥K
		4-11- T ± -		
8. To prot	vide chiropractic care to	the public		<u> </u>
	(Purpose(s) of corporation authorized in hom	e state or country	to be carried out in state of Flori	da)
			> P NOT (11)	, in the second
9. Name and s	treet address of Florida registered agent: (I	O. Box or Mail	Drop Box NOT acceptable)	36
37	Philip Lester			
Name:	Entrib negret	· . · -		8: 30
Office Address:	176 Longview Ave	1		Ö ⊋™
Office Address.	170 Hongview 2100		en en en skriver en e	-4)
	Celebration	Florid	a, <u>34747</u>	
		, , ; ;	(Zip code)	: 42:
			(=1p 0000)	
10 Registered	agent's acceptance:			
10. Registered	agont o acceptament			
Having been na	med as registered agent and to accept service	e of process for t	he above stated corporation at th	e place designated
in this application	on, I hereby accept the appointment as regist	ered agent and a	gree to act in this capacity. I fur	ther agree to
	provisions of all statutes relative to the prop			
	bbligations of my position as registered agent			•
	( 41)		<del>\_</del>	
	Registered	d agent's signatu	re)	
	- (registere			
11 Association 3 4	a contificate of artistance duly outhanticated in	ot more than 90 :	days prior to delivery of this appli	cation to the
11. Attached is	a certificate of existence duly authenticated, n	boring mate in	Lays prior to derivery or this appri	vaccour to the low
Department of Si	tate, by the Secretary of State or other official	naving custody c	a corborate records in the lutisate	TOTE THE 14M

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

STF FL32376F.3

of which it is incorporated.

Chairman:  cess:  ctor:  cess:  cess:  Chairman:  cess:  cess:  cess:  Conditional philip Lester  cess:  176 Longview Ave  Celebration, FL 34747  Celebration, FL 34747  Cess:  C	ctor:  ress:  DFFICERS (Street address only - P.O. Box NOT acceptable)  dent: Philip Lester  ress: 176 Longview Ave  Celebration, FL 34747  President:  President:
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FICERS (Street address only - P.O. Box NOT acceptable)  ent: Philip Lester  55: 176 Longview Ave  Celebration, FL 34747  resident: 99  any: Longuit w How  Cere Robertian, Pt 34747  Fig. Longuit w How  Cere Robertian, Pt 34747  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	or:  SS:  CFICERS (Street address only - P.O. Box NOT acceptable)  ent: Philip Lester  SS:  176 Longview Ave  Celebration, FL 34747  resident:  SS:  CO  CO  CO  CO  CO  CO  CO  CO  CO  C
SS:  OFFICERS (Street address only - P.O. Box NOT acceptable)  ent:  Philip Lester  176 Longview Ave  Celebration, FL 34747  President:  SS:  Any:  Oracling Industry PL 34747  Tresident:  SS:  Cere Englishing Addendum to the application listing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	or:  ss:  CFICERS (Street address only - P.O. Box NOT acceptable)  ent: Philip Lester  ss: 176 Longview Ave  Celebration, FL 34747  resident:  Ss:  CO  CO  CO  CO  CO  CO  CO  CO  CO  C
FICERS (Street address only - P.O. Box NOT acceptable)  SS:  Philip Lester  176 Longview Ave  Celebration, FL 34747  resident:  SS:  Any: Longuit W Hors  Cers Rnation, Pt 3 4744  Testing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	or:  SS:  OFICERS (Street address only - P.O. Box NOT acceptable)  ent: Philip Lester  SS:  176 Longview Ave  Celebration, FL 34747  resident:  SS:  O  O  O  O  O  O  O  O  O  O  O  O  O
FICERS (Street address only - P.O. Box NOT acceptable)  ont: Philip Lester  in: Philip Lester  Celebration, FL 34747  resident:  Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	FICERS (Street address only - P.O. Box NOT acceptable)  ont: Philip Lester  ss: 176 Longview Ave  Celebration, FL 34747
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ent: Philip Lester  St. 176 Longview Ave  Celebration, FL 34747  President:  St. 171 Longview Ave  CQLC RNATION, PL 3 4747  Termination of the application listing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ent: Philip Lester  SS: 176 Longview Ave  Celebration, FL 34747  resident:
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ary: Lorothy 12 Lester  SS: 17 Longula w Hor  Cere Britishion, Pa 3 47 47  arer:  SS:  C. If necessary you may anach an addendum to the application listing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	SS:
CRICRITATION, PL 34747  rer:  Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ary: Norothy ILLester
Cere Rrightion, Pt 34747  rer:  Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ary: Lorothy ILLester
CRICRITATION, PL 34747  rer:  Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
CRESTATION, PC 3474)  rer:  Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	s: 176 Longuis w Aux
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	•
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
hilin Lester President	hilip Lester President

#### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91551018
CONTROL NUMBER : J408403
DATE INC/AUTH/FILED: 06/01/1984
JURISDICTION : GEORGIA
PRINT DATE : 06/04/1999

FORM NUMBER : 211.

CLEVELAND CHIROPRACTIC CLINIC, P.C. ATTN: PHILLIP LESTER
POB 470494
CELEBRATION, FL 347470494

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### CLEVELAND CHIROPRACTIC CLINIC, P.A. A DOMESTIC PROFIT 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 abovenamed 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.



July Cop

Cathy Cox Secretary of State