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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Cleveland Chiropractic Clinic, P.A.
(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:

Philip Lester 200002903792--4
(Name of Person) -06/14/99-01118-006
Cleveland Chiropractic Clinic, PC *****78.75 *****78.75
(Firm/Company) W99-14189
176 Longview Ave
(Address)
Celebration, FL 34747
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Philip Lester at 407-566-0617
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

99 JUL 29 AM 8:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

mntu
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

99 JUL 29 AM 8:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

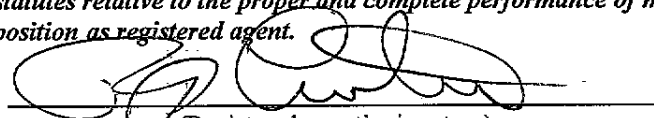
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cleveland Chiropractic Clinic, PA
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-1571299
(FEI number, if applicable)
4. 01-01-84
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 06/01/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 176 Longview Ave
Celebration, FL 34747-0494
(Current mailing address)
8. To provide chiropractic care to the public
(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 or Mail Drop Box **NOT** acceptable)
Name: Philip Lester
Office Address: 176 Longview Ave
Celebration, Florida, 34747
(Zip code)

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DIVISION

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.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Philip Lester

Address: 176 Longview Ave

Celebration, FL 34747

Vice President: _____

Address: _____

Secretary: Norothy K Lester

Address: 176 Longview Ave

Celebration, FL 34747

Treasurer: _____

Address: _____

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

13.  _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Philip Lester President

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

FILED
SECRETARY OF STATE
DIVISION
99 JUL 29 AM 8:00

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

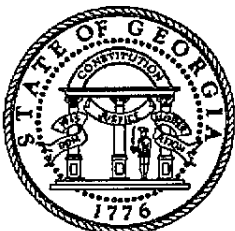
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

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 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.



Cathy Cox

Cathy Cox
Secretary of State