N03000005502

(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:

~~6/23/03~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 23 AM 10:37

6/26/03 Called said NP for Sare filing he wanted to verify the right NP was filing the filing for him. Yes Eddy Francois said this is a Charitable Organization [illegible]

TRANSMITTAL LETTER

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

SUBJECT: Fort Pierce Chiropractic Center Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Eddy François
Name (Printed or typed)

910 N.E. 127 St
Address

Mia Fl 33161
City, State & Zip

407-497-8562
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be:

Fort Pierce Chiropractic Center Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

115 N 8th st Fort pierce Fl 34950-4162
Tel 772-359-8372

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Chiropractic Center

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ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:

Elected

ARTICLE V INITIAL DIRECTORS/OFFICERS
The name(s), address(es) and title(s):

Adeline Vincent 295 NW 111st
Miami, FL 33168

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The **name and Florida street address** of the registered agent is:

Eddy FRANÇOIS 910 N.E 127 st Mia Fl 33161

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Philome Y. Poisson 720 NE163st MIAMI Fl 33162
ADeline Vincent 295 N.W 111st MiAMi Fl 33168

****

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 — Date: 6/17/03

Signature/Incorporator — Date: 6/17/03