

ND3000005502

(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:

Office Use Only



500020571515

06/23/03--01029--025 **78.75

03 JUN 23 AM 10:37

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/26/03
Called Said
filing NP for Sore
Wanted to verify he
was filing the Reg NP
form. Yes
Per. Edy Francis
Said this is a Charles
Chapman. Antine

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: Edy Francis
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

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:

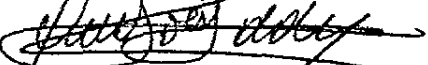
Eddy Francois 910 N.E 127 St Mia FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Philome Y. Poisson 720 NE 163 St MIAMI FL 33162
ADELINE Vincent 295 N.W 111st MIAMI FL 33168

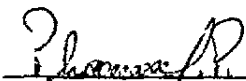
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



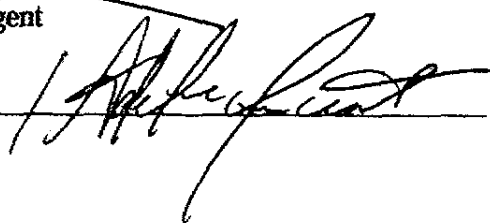
Signature/Registered Agent

6/17/03

Date



Signature/Incorporator



6/17/03

Date

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