

N16 0000 4458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

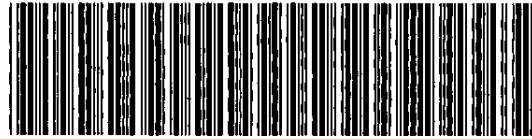
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAY 2 - 2016

COVER LETTER

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

SUBJECT: Centurion Chiropractic, 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: Javier Centurion, DC

Name (Printed or typed)

232 SW 102nd Ave.

Address

Sweetwater, FL 33174

City, State & Zip

786-441-0930

Daytime Telephone number

drcenturion@mail2doctor.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Centurion Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
701 NW 57th Ave. #200

Miami, FL 33126

Mailing address, if different is:
232 SW 102nd Ave

Sweetwater, FL 33174

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide low cost, affordable chiropractic health care and preventative health education to the community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Initially

appointed by president, then by bi-annual election in annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Javier Centurion, DC (President)

Name and Title: _____

Address 232 SW 102nd Ave.
Sweetwater, FL 33174

Address: _____

Name and Title: Ashley Owens, DC (Vice-President)

Name and Title: _____

Address 232 SW 102nd Ave.
Sweetwater, FL 33174

Address: _____

Name and Title: Marcos Centurion (Secretary)

Name and Title: _____

Address 232 SW 102 Ave.
Sweetwater, FL 33174

Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Z.Pena-Centurion
 Address: 320 W. Park Drive #201
Miami, FL 33172

FILED
 16 APR 25 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Javier Centurion, DC
 Address: 232 SW 102nd Ave.
Sweetwater, FL 33174

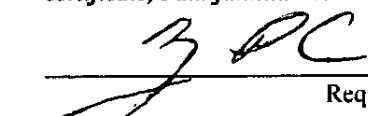
ARTICLE VIII EFFECTIVE DATE: 4/21/2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

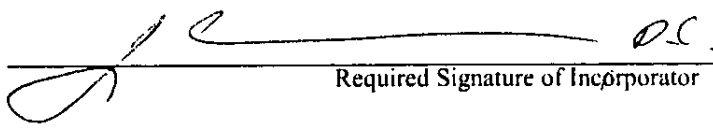
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature of Registered Agent

4/21/16
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature of Incorporator

4/21/16
 Date