

N16000009686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

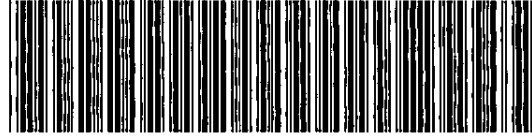
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288382198

08/01/16--01016--005 **78.75

FILED
16 OCT -3 AM 10:02
FBI - TAMPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August-10, 2016

RODERIC A. LACY
2300 S ORANGE BLOSSOM TRL #111
ORLANDO, FL 32805

SUBJECT: CHIROPRACTIC PHYSICIAN ASSOCIATION OF AMERICA, INC.
Ref. Number: W16000055244

We have received your document for CHIROPRACTIC PHYSICIAN ASSOCIATION OF AMERICA, INC. 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 116A00016836

RECEIVED
16 AUG 25 AM 11:28
TALLAHASSEE, FL

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

RODERIC A. LACY
2300 S ORANGE BLOSSOM TRL #111
ORLANDO, FL 32805

SUBJECT: CHIROPRACTIC PHYSICIAN ASSOCIATION OF AMERICA, INC.
Ref. Number: W16000055244

RECEIVED
DIVISION OF CORPORATIONS
INFORMATION SERVICES

16 OCT -3 PM 2:53

We have received your document for CHIROPRACTIC PHYSICIAN ASSOCIATION OF AMERICA, INC. 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 registered agent must sign accepting the designation.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 116A00016836

Chiropractic Physician Association of America, INC.

September 23, 2016

Florida Department Of State
Division of Corporation

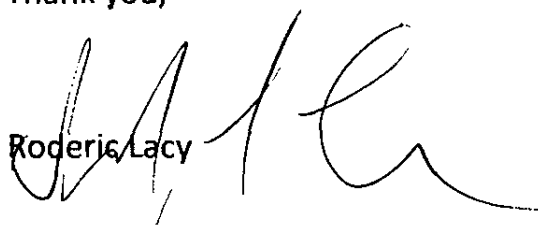
Subject: Correct Form

We filed before and it was returned because the agent did not sign it .

We paid before. If you need any more information please call 407 409 7291.

Thank you,

Roderic Lacy

A handwritten signature in black ink, appearing to read 'Roderic Lacy', written over the printed name.

COVER LETTER

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

SUBJECT: Chiropractic Physician Association, OF America, 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: Roderic A Lacy
Name (Printed or typed)

2300 South Orange Blossom Trail
Address

Orlando, FL 32805
City, State & Zip

407-409-7291-407-230-4238
Daytime Telephone number

myfcpa@gmail.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:

Chiropractic Physician Association of America, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2300 South Orange
Blossom Trail
Orlando Fl. 32805

Mailing address, if different is:

5721 Padgett Cir.
Orlando Fl. 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Promote chiropractic care

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

APPOINTED by The President AND CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roderic Alacy
PRESIDENT AND CEO

Address: 2300 South Orange
Blossom Trail Orlando
Fl. 32805

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

RECEIVED
FEB 10 2002
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

16 OCT -3 AM 10:02

FILED

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:

Patricia A Floyd

Address:

13916 Bramble Bush CT.
Orlando, FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Roderic A. Lacy

Address:

2300 So. Orange Blossom Trail
Orlando, FL 32805

ARTICLE VIII EFFECTIVE DATE:

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

Patricia A. Floyd

Required Signature of Registered Agent

09-23-2016

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.

[Signature]

Required Signature of Incorporator

09-23-2016

Date