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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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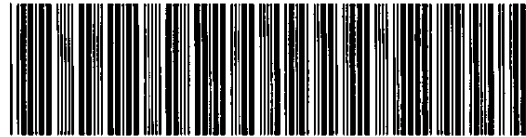
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BROWARD COUNTY CHIROPRACTIC SOCIETY, 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: HOWARD SHUTLMAN D.C.
Name (Printed or typed)

4507 N. PINE ISLAND ROAD
Address

SUNRISE, FL 33351
City, State & Zip

954-741-6233
Daytime Telephone number

DR SHUTLMAN@AOL.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: BROWARD COUNTY CHIROPRACTIC SOCIETY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10394 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

Mailing address, if different is:

4507 W. PINE ISLAND ROAD
SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL SOCIETY.

THE BROWARD COUNTY CHIROPRACTIC SOCIETY
(BCCS) IS THE LOCAL ARM OF THE PARENT
ORGANIZATION, FLORIDA CHIROPRACTIC ASSOCIATION

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

PER THE BY-LAWS (COPY ATTACHED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW WASSERMAN, D.C.
PRESIDENT
Address: 10394 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Name and Title: MEHRTASH DANN, D.C.
SECRETARY
Address: 8430 W. BROWARD BLVD #250
PLANTATION, FL 33324

Name and Title: HOWARD SUTCLIFF, D.C.
TREASURER
Address: 4507 N. PINE ISLAND RD
SUNRISE, FL 33351

Name and Title: JEFF GETBEHEAD, D.C.
BOARD OF DIRECTORS
Address: 1907 N. ANDREWS AVE
WILTON MANORS, FL 33311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HOWARD SHTULMAN

Address: 5644 NW 66TH AVE
CORAL SPRINGS, FL 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HOWARD SHTULMAN

Address: 5644 NW 66TH AVE
CORAL SPRINGS, FL 33067

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 days prior or 90 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

Howard Shtulman DC
Required Signature of Registered Agent

6/2/17
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.

Howard Shtulman DC
Required Signature of Incorporator

6/2/17
Date

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TALLAHASSEE, FLORIDA