

N190000004573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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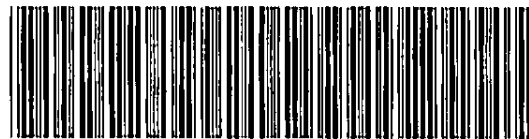
(Business Entity Name)

(Document Number)

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04/23/19--01002--021 **18.15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 23 PM 12:50

J DENNIS

MAY 02 2019

COVER LETTER

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

SUBJECT: _____

Got Your Back Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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DIVISION OF CORPORATIONS
19 APR 23 PM 12:58

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: _____

Travis J. France

Name (Printed or typed)

3117 W. Columbus Drive Ste. 206

Address

Tampa, FL 33607

City, State & Zip

813-769-9258

Daytime Telephone number

SB R chiropractic@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: Got Your Back Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3117 W. Columbus Drive
Ste. 206
Tampa, FL 33607

Mailing address, if different is:

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SECRETARY
DIVISION OF CORPORATIONS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide for the local financially
hard-shipped community by creating and providing
specialized chiropractic treatment plans to aid in
a healthier nervous system, muscle groups, and lifestyle.

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

Chosen by Dr. France.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Travis France / Chiropractor / owner-operator

Address: 3117 W. Columbus Drive
Ste. 206
Tampa, FL 33607

Name and Title: Jennifer Goetz / office manager

Address: 3117 W. Columbus Drive
Ste. 206
Tampa, FL 33607

Name and Title: _____

Name and Title: _____

Address: _____

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: Travis J. France

Address: 3117 W. Columbus Drive Ste. 206
Tampa, FL. 33607

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DIVISION OF CORPORATION
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Goetz

Address: 3117 W. Columbus Drive Ste. 206
Tampa FL 33607

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/19/19 (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.

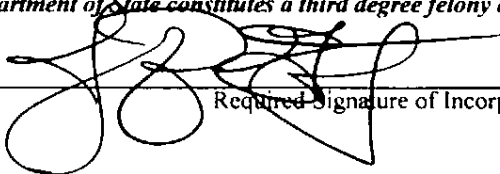
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/19/19
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

4/19/19
Date