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TRANSMITTAL LETTER

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

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-02/18/99--01051--025

****131.25 *****87.50

SUBJECT: S.W. FLORIDA CHIROPRACTIC EDUCATION ASSOCIATION, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SW FLORIDA CHIROPRACTIC EDUCATION ASSOCIATION, INC.
Name (Printed or typed)

2060 COLLIER AVENUE
Address

FORT MYERS, FL. 33901
City, State & Zip

(941) 936-1233
Daytime Telephone number

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

FILED
99 FEB 18 AM 11:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ajc
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

S.W. FLORIDA CHIROPRACTIC EDUCATION ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2060 COLLIER AVENUE, SUITE #5
FORT MYERS, FL. 33901

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

TO CREATE, DEVELOP, PROMOTE AND DELIVER ONGOING EDUCATIONAL SERVICES FOR CHIROPRACTIC PROFESSIONALS AND FOR PUBLIC INFORMATION DISTRIBUTION AND TREATMENTS

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

DIRECTORS WILL BE ELECTED BY MAJORITY VOTE OF ASSOCIATION MEMBERS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DR. THOMAS SIEVERT, DC
SIEVERT CLINIC OF CHIROPRACTIC
2060 COLLIER AVENUE
FORT MYERS, FL. 33901

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

S.W. FLORIDA CHIROPRACTIC EDUCATION ASSOCIATION, INC.
2060 COLLIER AVENUE
FORT MYERS, FL. 33901


Signature/Incorporator

FEB 11, 1999

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

FEB 11, 1999

Date

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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