

N99000001957

TRANSMITTAL LETTER

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

SUBJECT: A FREE CHIROPRACTIC MEDICINE CLINIC, INC.
(Proposed corporate name - must include suffix)

400002817584--8
-03/24/99--01096--015
*****78.75 *****78.75

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: MICHAEL A. DUNN, D.C.
Name (Printed or typed)

3380 66th ST. N.
Address

ST. PETERS BURG, FL 33710
City, State & Zip

(727) 341-1519
Daytime Telephone number

FILED
99 MAR 24 AM 9:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ajc
3/30

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:

A FREE CHIROPRACTIC MEDICINE CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

3380 66th ST. N.
ST. PETERSBURG, FL 33710

ARTICLE III PURPOSE(S)

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

TO PROVIDE FREE/NO CHARGE CHIROPRACTIC
TREATMENT. (DONATIONS ONLY ACCEPTED)

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

APPOINTMENT BY DR. MICHAEL A. DUNN, DC - DIRECTOR/INCORPORATOR

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. MICHAEL A. DUNN, DC
3380 66th ST. N.
ST. PETERSBURG, FL

ARTICLE VI INCORPORATOR

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

DR. MICHAEL A. DUNN, DC
3380 66th ST. N.
ST. PETERSBURG, FL 33710

Dr. Michael A. Dunn, DC
Signature/Incorporator

3/22/99
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.

Dr. Michael A. Dunn, DC
Signature/Registered Agent

3/22/99
Date

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TALLAHASSEE, FLORIDA

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