

**CAPITAL CONNECTION, INC.**

417 Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 222-8870 • 1-800-342-8062 • Fax (850) 222-1222

P00000003277

Wigmore Wellness + Chiropractic,  
Inc.

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

- ☒ Art of Inc. File Cert
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

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00 JAN 11 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
00 JAN -6 PM 1:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature

Requested by:

LN

1-6

1:02 pm

Name

Date

Time

Walk-In

Will Pick Up

00-11-00  
1-6



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 6, 2000

CAPITAL CONNECTION, INC.  
417 EAST VIRGINIA STREET, STE.1  
TALLAHASSEE, FL 32302

SUBJECT: WYMORE WELLNESS & CHIROPRACTIC, INC.  
Ref. Number: W00000000490

We have received your document for WYMORE WELLNESS & CHIROPRACTIC, INC.. However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of 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) 487-6930.

Carolyn Batten  
Document Specialist

Letter Number: 100A00000761

**ARTICLES OF INCORPORATION**

**OF**

**WYMORE WELLNESS & CHIROPRACTIC, INC.**

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT, does hereby adopt the following Articles of Incorporation:

**ARTICLE I**

The name of this corporation shall be WYMORE WELLNESS & CHIROPRACTIC, INC.

**ARTICLE II**

The corporation shall have perpetual existence, unless sooner dissolved according to law.

**ARTICLE III**

The general nature of the business or businesses to be transacted by this corporation shall be: to buy, sell, trade and otherwise deal in any and all manner related to the rendering of chiropractic.

To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge or otherwise dispose of, and otherwise use and deal in and with, shares or other interests in, or obligations of other domestic or foreign corporations, associates, partnerships or individual, or direct or indirect obligations of the United States or any other government, state, territory, governmental district, or municipality or of any instrumentality thereof.

To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge or all and any of its property, franchises and income.

To lend money for its corporate purposes, invest and reinvest its funds and take and hold real and personal property and security for the payment of funds so loaned and invested.

To conduct its business, carry on its operations, and have offices and exercise the powers granted to corporations under the Florida Statutes both within and without this State.

To elect or appoint officers and agents of the corporation and define their duties and fix

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FLORIDA

their compensation.

To make and alter bylaws, not inconsistent with these Articles of Incorporation or with the Florida Statutes, for the administration and regulation of the affairs of the corporation.

To make donations for the public welfare or for charitable, scientific or educational purposes.

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans and other incentive plans for any or all of the directors, officers and employees of the corporation, and for any or all of the directors, officers and employees of any subsidiary of the corporation.

To be a promoter, incorporator, general partner, limited partner, member, associate, or manager of any corporation, partnership, limited partnership, joint venture, trust or other enterprise.

To transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

#### ARTICLE IV

The aggregate number of shares which the corporation is authorized to issue is 7500. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

#### ARTICLE V

The street address of the initial registered office and principal office of the corporation is 201 N. Wymore Road, Winter Park, Florida. The name of the initial registered agent at such address is Herbert Cohen.

#### ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation is Two ( 2). The name and address of each person who is to serve as a member of the initial Board of Directors is as follows:

#### NAME

#### ADDRESS

Sarilee F. Grossman

233 Like Oak Lane  
Altamonte Springs, Florida 32714

Herbert Cohen

156 Maitland Avenue  
Altamonte Springs, Florida 32701

ARTICLE VII

The name and address of each incorporator of this corporation is as follows:

NAME

ADDRESS

Herbert Cohen

156 Maitland Avenue  
Altamonte Springs, Florida 32701


IN WITNESS WHEREOF, the undersigned, being the sole subscriber to these Articles of Incorporation, does hereby make and file the Articles of Incorporation, and certifies that the facts herein stated are true, and accordingly, has hereunto set his hand and seal at Orlando, in the County of Orange, State of Florida, this 3<sup>RD</sup> day of January, 2000.

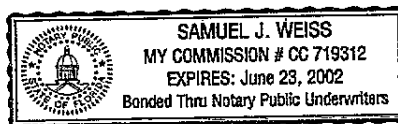
  
HERBERT COHEN

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to take acknowledgments and oaths, personally appeared HERBERT COHEN, who is personally known to me ~~or who produced~~ \_\_\_\_\_ as identification, and who executed the foregoing instrument, and he acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforementioned this 3<sup>rd</sup> day of January, 2000.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:  
Commission #:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST, that WYMORE WELLNESS & CHIROPRACTIC, INC., is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at the City of Winter Park, County of Orange, State of Florida, has named Herbert Cohen, 201 N. Wymore Road, Winter Prk., FL 32789, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
HERBERT COHEN

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
Registered Agent