

TRANSMITTAL LETTER

P000000047222

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

300003243033--9

-05/08/00--01118--009

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

SUBJECT:

The Traveling Chiropractor, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

CLAUDIA MARLIN

Name (Printed or typed)

5616 Polk St.

Address

Hollywood, FL 33021

City, State & Zip

954-983-0494

Daytime Telephone number

FILED  
2000 MAY -8 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AR 5/11

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

The Traveling Chiropractor, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5616 Polk St.  
Hollywood, FL 33021

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing complete Chiropractic, Physiotherapy, and Rehabilitative Therapy  
to patients at their home or office

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CLAUDIA MARLIN, Pres.  
5616 Polk St.  
Hollywood, FL 33021

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Dr. KEVIN MARLIN  
5616 Polk St.  
Hollywood, FL 33021

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAUDIA MARLIN  
5616 Polk St.  
Hollywood, FL 33021

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA