

P00000048020

TRANSMITTAL LETTER

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

SUBJECT: J. Todd Williams, DC PA
(Proposed corporate name - must include suffix)

400003248284--2
-05/11/00--01062--001
*****87.50 *****87.50

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: J. Todd Williams, DC PA
Name (Printed or typed)

16050 S. Tamiami Trail, Suite 109
Address

Ft. Myers, Fl. 33908
City, State & Zip

941-437-1155
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 11 PM 1:16

FILED

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

T BROWN MAY 15 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J. Todd Williams, DC P.A.

The purpose of this corporation is a Doctor of Chiropractic.

ARTICLE II PRINCIPAL OFFICE

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

16050 S. Tamiami Trail, Suite 109
Ft. Myers, Fl. 33908

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. J. Todd Williams, DC
16050 S. Tamiami Trail, Suite 109
Ft. Myers, Fl. 33908

ARTICLE V INCORPORATOR

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

Dr. J. Todd Williams, DC
16050 S. Tamiami Trail, Suite 109
Ft. Myers, Fl. 33908


Signature/Incorporator

5/2/2000
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

5/2/2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA