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TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -7 PM 2:57

SUBJECT: K. Morehouse, D. C., 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: K. Morehouse, D. C., Inc.
Name (Printed or typed) 100003316181--0
-07/07/00--01053--001
*****87.50 *****87.50
3060 E. Semoran Blvd., Ste. 108
Address
Apopka, FL 32703
City, State & Zip
407-774-3311
Daytime Telephone number

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

g 7/10/00

ARTICLES OF INCORPORATION FOR
K. MOREHOUSE, D.C., INC.

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

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ARTICLE I The name of the corporation shall be: K. Morehouse, D.C., Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business/mailling address is:

Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

ARTICLE III – SHARES

The purpose for which the corporation is organized is: To provide health services and to engage in any other business or activity authorized by law.

ARTICLE IV – SHARES

The number of shares of stock is: 100 shares of voting common stock – no par value

ARTICLE V – INITIAL OFFICERS/ DIRECTORS

The name and address – Kenice Anne Morehouse, President and Director
Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

ARTICLE VI – REGISTERED AGENT

The name and address – Kenice Anne Morehouse, Registered Agent
Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

ARTICLE VI – INCORPORATOR

The name and address – Kenice Anne Morehouse
Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

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In witness where of, the undersign incoporator hereby makes and files these articles of incorporation declaring and certifying that the facts stated herein are true this 1st day of July, 2000.

Kenice A. Morehouse, D.C.
Signature/Incorporator

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent, in the state of Florida.

1. The name of the Corporation is K. Morehouse, D.C. , INC.
2. The name and address of the registered agent and office of the Corporation is:

Office Address:

Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

Mailing Address:

Watson Chiropractic Center
3060 E. Semoran Blvd. Ste. 108
Apopka, Florida 32703

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Signed:

Kenice A. Morehouse

Kenice A. Morehouse

Incorporator

July 1, 2000

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 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.

Kenice A. Morehouse

Kenice A. Morehouse

July 1, 2000