TRANSMITTAL LETTER

00 SEP -8 AM 10: 20

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

SUBJECT:	EZRIN Family (PROPOSED CORPOR	Chilopractic	TAC.	· · · · · · · · · · · · · · · · · · ·
Enclosed is an origin	al and one(1) copy of the artic	cles of incorporation and a	SOC a check for :	000338661S6 -09/08/0001060001 *****87.50 *****87.50
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	1193 South	EZRIN Printed or typed) Federal Highway		- 후 · · · · · · · · · · · · · · · · · ·
	Deerfield E City, 954 428-6	Seach, FLORT	DA 33441	

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

	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
	ARTICLE I NAME The name of the corporation shall be: EZRIU FAMILY CHIROPRACTIC, INC.
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1193 South Federal Highway Deerfield Beach, Florida 33441
	ARTICLE III PURPOSE The purpose for which the corporation is organized in: Chicapractic Health's a
	ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
	ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 1193 South Federal Highway Deevireld Black, Florida 5394
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is: (193 South Federal Highway Deerfield Beach, Florida 33441

	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 7/27/00
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	Signature/Registered Agent Date
	Jany 6- Ezni

Date

Signature/Incorporator