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TRANSMITTAL LETTER

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

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-09/11/00--01079--003
*****87.50 *****87.50

SUBJECT: KAUFMAN FAMILY CHIROPRACTIC CENTER, P.A.
(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: Kenneth J. Kaufman, Jr., D.C.
Name (Printed or typed)

8515 S. Tamiami Tr.
Address

Sarasota, FL 34239
City, State & Zip

941/927-0546
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 11 PM 2:44

FILED

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

F. CHESSON SEP 12 2000

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:

KAUFMAN FAMILY CHIROPRACTIC LENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*8515 S. Tamiami Tr.
Sarasota, FL 34238*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): *Kenneth J. Kaufman, Jr., D.C.
4035 Westfield Ct.
Sarasota, FL 34233*

*Julie Keegan-Kaufman
4035 Westfield Ct.
Sarasota, FL 34233*

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

*Kenneth J. Kaufman, Jr., D.C.
4035 Westfield Ct.
Sarasota, FL 34233*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

*Kenneth J. Kaufman, Jr., D.C.
4035 Westfield Ct.
Sarasota, FL 34233*

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]
Signature/Registered Agent

[Signature]
Signature/Incorporator

September 6, 2000
Date

September 6, 2000
Date

FILED
00 SEP 11 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA