TRANSMITTAL LETTER

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

SUBJECT:S	PARGO FAMILY CHIROPRA (PROPOSED CORPORAT	E NAME – MUST INCLI	Seesegggg	2572 052008 ******87.50
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	: DAVID C. SPARGO Name (P	rinted or typed)		,
1553 Maidencane Loop Address				· -
	Oviedo FL 32765 City,	State & Zip		17 d ho Hillian and A
	407-977-2748 Daytime T	Celephone number		

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

NAME ARTICLE I

The name of the corporation shall be:

CHIROPRACTIC, INC. FAMILY SPARGO

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

12554 South John Young Parkway, Orlando FL 32837

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Chiropractic Service Provider ___

ARTICLE IV **SHARES**

The number of shares of stock is:

100 shares Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

1553 Maidencane Loop, Oviedo FL 32765 Charles H. Spargo 1553 Maidencane Loop, Oviedo FL 32765 David C. Spargo 1553 Maidencane Loop, Oviedo FL 32765 Diane J. Spargo

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

1553 Maidencane Loop, Oviedo FL 32765 David C. Spargo

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

1553 Maidencane Loop, Oviedo FL 32765 David C. Spargo

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/Incorporator