THUNDUS 905

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

SUBJECT:	NAPLES COMMUNITY CHIROPRATIC INC.,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and 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 PY REQUIRED
FROM:	CARLISLE BARKER		
Name (Printed or typed) 2722 SOUTH WEST 35th LANE Address			
		3914	
	City, S	City, State & Zip	
	941-671-6539	90	00035031096 -12/18/0001017002 *****78.75 *****78.75
Daytime Telephone number			

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



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:

NAPLES COMMUNITY CHIROPRATIC TIC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9970 SAILVIEW COURT

UNIT 15

FORT MYERS FL

33905

ARTICLE III

URPOSE

The purpose for which the corporation is organized is:

PROVIDE CHIROPRACTIC SERVICES TO THE GENERAL PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is:

100shares of common stock , par value \$1.00

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

JOHN MCGRATH

9970 SAILVIEW COURT unit 15

FORT MYERS FLORIDA 33905

ARTICLE VI REGISTERED AGENT

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

JOHN MCGRATH

9970 SAILVIEW COURT UNIT 15

FORT MYERS FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLISLE BARKER

2722 SOUTH WEST 35th LANE

CAPE CORAL FL 33914

Signature Registered Agent

Date

12-11-80

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Date

Signature/Incorporator