

P01000015608

TRANSMITTAL LETTER

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

FILED
01 FEB -9 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Spinal Heath Care of Miami, 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: Andrew Sands
Name (Printed or typed)

1199 NE 139th ST
Address

N. Miami, FL, 33161
City, State & Zip

305-981-0660
Daytime Telephone number

600003673266--1
-02/12/01--01004--007
*****78.75 *****78.75

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

✓
T. Burch FEB 19 2001

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:

Spinal Health Care of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1199 NE 139th ST
N. Miami, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For transacting and conducting chiropractic/medical services and any and all lawful business for which corporations may be incorporated under the Fla. general corporations act.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Sal Pellegrino
731 NE 32nd ST

Boca Raton, FL 33431

Andrew Sands
914 Adams ST
Hollywood, FL 33019

JASON MATTALINO
3105 NE 184th ST
Aventura, FL 33160
Apt. 7306

ARTICLE VI REGISTERED AGENT

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

Andrew Sands
1199 NE 139th ST
N. Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrew Sands
1199 NE 139th ST
N. Miami, FL 33161

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/Registered Agent

2/2/01
Date

Signature/Incorporator

2/2/01
Date

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