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

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-04/27/01--01092--002
****131.25 *****87.50

SUBJECT: Dr. Leland M. Giordano DC, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. Leland M. Giordano DC
Name (Printed or typed)

208 Mainsail Circle
Address

Jupiter, FL 33477
City, State & Zip

561-602-5231
Daytime Telephone number

FILED
01 MAY -7 AM 9:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

WITH MAY 08 2001

W01-9747
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 1, 2001

DR. LELAND M. GIORDANO DC
208 MAINSAIL CIR
JUPITER, FL 33477

SUBJECT: DR. LELAND M. GIORDANO DC, P.A.
Ref. Number: W01000009747

We have received your document for DR. LELAND M. GIORDANO DC, P.A. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 701A00025671

Dear Tracy Smith,

I've made the change, or addition I should say that you asked for. I hope it satisfies your requirements. A lady named Tina said my "written in" addition would be adequate. By the way Thank You for responding in such a timely fashion.

Sincerely

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

my phone #561-744-3462

Dr. Leland M. Giordano

ARTICLES OF INCORPORATION

FILED

1. The name of the corporation shall be: Dr Leland M. Giordano D.C., P.A.
2. The principal place of business and mailing address of the corporation is: 208 Mainsail Circle, Jupiter, FL 33477
3. The corporation shall have the authority to issue 10 shares of stock.
4. The registered agent of the corporation is Dr Leland M. Giordano D.C. and the registered street address is 208 Mainsail Circle, Jupiter, Florida 33477.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Dr. Leland M. Giordano D.C.; 208 Mainsail Circle, Jupiter, FL 33477

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Dr. Leland M. Giordano D.C. whose street address is 208 Mainsail Circle, Jupiter, FL 33477
7. The type of business and purpose is a chiropractic clinic to provide chiropractic services
- Dated 4-24-01

Dr Leland M. Giordano D.C.
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 4-24-01

Dr. Leland M. Giordano D.C.
Registered Agent