

Pol000061854

Requester's Name

Address

ALL MOBILE C#1208.
P.O. BOX 3661
HALLANDALE, FL
33008

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #) 600004428856--4
-06/19/01--01068--009
*****70.00 *****70.00
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 19 AM 11:38

FILED

Examiner's Initials

6/21

**ARTICLES OF INCORPORATION
OF
ALL MOBILE CHIROPRACTIC , INC.**

FILED
01 JUN 19 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE: The name of the corporation is: ALL MOBILE CHIROPRACTIC, INC.

TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of FLORIDA , other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of FLORIDA..

THREE: the name and address in this State of the Corporation's initial agent for service of process is:

FOUR: This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is (500) FIVE HUNDRED shares.

FIVE: The names and addresses of the persons who are appointed to act as the initial directors of the corporation are:

NAME: JAY LIEBMAN ADDRESS: P.O. BOX 3661 , HALLANDALE, FL.
33008

[NAME]

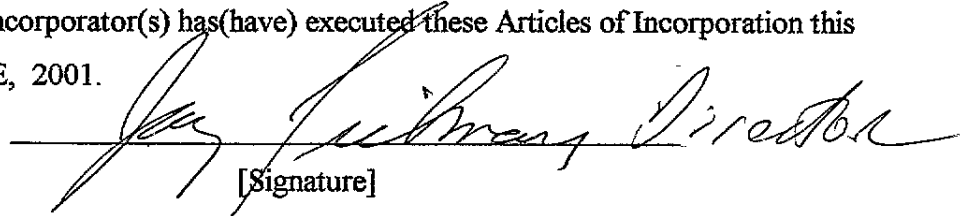
[ADDRESS]

SIX: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent possible under the laws of the State of FLORIDA.

SEVEN: The corporation is authorized to indemnify the directors and the officers of the corporation to the fullest extent permissible under the laws of the State of FLORIDA.

IN WITNESS WHEREOF,

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
5th Day of JUNE, 2001.


[Signature]

[Signature]

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

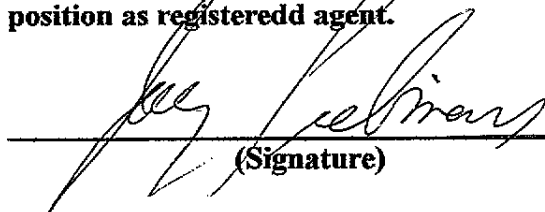
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.**

- 1. The Name of the Corporation is: ALL MOBILE CHIROPRACTIC, INC.**
- 2. The name and address of the registered agent and office is:**

Name: JAY LIEBMAN
Address: 3732 NW 167th P.O. box not acceptable.
City, State, Zip: N. Miami, FL 33160

**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)

6/5/01

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 62327, TALLAHASSEE, FL. 32314