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

SUBJECT: OAKLAND PARK CHIROPRACTIC AGENCY, INC

500004613335--6 -09/27/01--01035--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

**□** \$78.75

Filing Fee

\$87.50 Filing Fee.

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Floyd D Wilkenson

11751 SW 1st Street

Plantation FL 33325
City, State & Zip

954 634 3400 Daytime Telephone number O1 SEP 27 AM II: 14
SECRETARY OF STATE
AHASSEE FLORID

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

2 pan /1/01

Α	RTICI	$.\mathbf{ES}$	OF	$\mathbf{INCC}$	IRPOR	ATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED

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ARTICLE I NAME

The name of the corporation shall be:

OAKLAND PARK Chiropractic Agency,

SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9715 W Broward Blud #313 PLANTATION FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

60

ARTICLE IV	INITIAL REGIST	ERED AGENT AND	<u>STREET ADDRESS</u>
The name and Flo	rida street address of the	initial registered agent are	2:
			and the

Floyd D Wilkenson

11751 SWIST Street
PLANTATION FL 33325

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Floyd D Wilkenson ITSISW 1st Street PlantAtron FL 33325

Signature Incorporator

09-10-01

Date

(An additional article must be added if an effective date is requested.)

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

Signisture/Registered Agent

09-10-01

Date