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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FILED
OCT-8 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

VARISCO FAMILY CHIROPRACTIC CENTER II INC

Certificate of Status	0
Certified Copy	1
Page Count	84 (5)
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ARTICLE I - NAME

The name of this corporation is:

VARISCO FAMILY CHIROPRACTIC CENTER II, INC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be:

**4418 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351**

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated as "Common Shares"

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation and the name of the initial registered agent of this corporation at that address is:

**LINDA VARISCO
4418 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351**

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director to hold office until the first annual meeting of stockholders and their successors shall have been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of Directors may be either increased or decreased from time to time in accordance with the By-laws of the corporation. The names and address of the initial Director is:

LINDA VARISCO
4418 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

LINDA VARISCO
4418 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351

ARTICLE VIII - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

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ARTICLE IX - INDEMNIFICATION

This corporation shall indemnify any officer or Director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

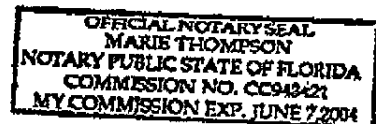
Linda Varisco 10-08-01
INCORPORATOR DATE

State of Florida

County of Broward

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Linda Varisco known to me and by me to be the person who executed the foregoing articles of incorporation, and she acknowledged before me that she executed those articles of incorporation. In witness whereof, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 8-day of October, 2001.

Marie Thompson
Notary Public, State of Florida at Large
My Commission Expires:



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

Pursuant to the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

The name of the corporation is: **VARISCO FAMILY CHIROPRACTIC CENTER II, INC.**

The name and address of the registered agent and office is:

**LINDA VARISCO
4418 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351**

Signature: *Linda Varisco*
Title: President
Date: 10-8-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature: *Linda Varisco*
Title: President
Date: 10-8-01

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