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TRANSMITTAL LETTER

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

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-10/09/01--01015--014
*****78.75 *****78.75

SUBJECT: ALABAR CHIROPRACTIC CENTER INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DR MISTY GREEN
Name (Printed or typed)

1204 ALABAR LN
Address

FT MYERS FL 33903
City, State & Zip

(941) 458-2714
Daytime Telephone number

FILED
01 OCT -9 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: ALABAR CHIROPRACTIC CENTER INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1224 ALABAR LN
FT MYERS, FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DR. MISTY GREEN
1204 ALABAR LN
FT MYERS, FL 33903

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

DR MISTY GREEN
1204 ALABAR LN
FT MYERS, FL 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. MISTY GREEN
1204 ALABAR LN
FT MYERS, FL 33903

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

Dr Misty Green

Signature/Registered Agent

10/4/01
Date

Dr Misty Green

Signature/Incorporator

10/4/01
Date