

Pod 0000006251

TRANSMITTAL LETTER

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

SUBJECT: Dr. Jose L. Orta, D.C., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004772996--1
-01/14/02--01052--016
*****78.75 *****78.75

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: William A Tyler
Name (Printed or typed)

5375 Stirling Road
Address

Davie FL 33314
City, State & Zip

954-321-8996
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 14 AM 10:14

FILED

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

g 1/18

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 Dr. Jose L. Orta, D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is

30231 SW 158th Avenue
Homestead, FL 33083

ARTICLE III PURPOSE

The purpose for which the corporation is organized new business chiropractic offices

ARTICLE IV SHARES

The number of shares of stock is 20 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

Dr. Jose L. Orta, D.C., P.A.
30231 SW 158th Avenue
Homestead, FL 33083

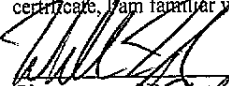
ARTICLE VI REGISTERED AGENT

William A. Tyler
5375 Stirling Road
Davie, FL 33314

ARTICLE VII INCORPORATOR

William A. Tyler
5375 Stirling Road
Davie, FL 33314

.....
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.



Signature of Registered Agent

1/10/02

Date



Signature of Incorporator

1/10/02

Date

FILED
02 JAN 14 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA