P02000009581

TRANSMITTAL LETTER

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

300004831873--4
-01/28/02--01089--007
*****78.75 *****78.75

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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: _____
Name (Printed or typed)

D.R. Slavens, D.C.
16450 - 3 South Tamiami Trail
Fort Myers, FL 33908
(941) 432-9909

_____
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 28 PM 3:34

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

BR 1-28
1467

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 17, 2002

D R SLAVENS, DC
16450 - S TAMIAMI TRAIL
FT MYERS, FL 33908

SUBJECT: DR. DAVID R. SLAVENS, P.A.
Ref. Number: W02000001467

We have received your document for DR. DAVID R. SLAVENS, P.A.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 802A00002460

Please find check enclosed. Thank you.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF INCORPORATION

OF

DR. DAVID R. SLAVENS, P.A.

The undersigned does hereby agree to become a corporation for profit under the provisions of Chapter 607, Florida Statutes, and hereby accepts all the rights,priviledges, benefits and obligations conferred and imposed by said law on corporations pursuant to the provisions thereof, and does hereby make, subscribe, certify, acknowledege and file these Articles of Incorporation as follows:

ARTICLES I

The nature of the business and objects and purposes to be transacted and carried on by this corporation is to conduct a Chiropractic physician and related activities and to do any and all of the things as fully and to the same extent as natural persons might or could do in all parts of the world. The corporation may engage in any activity or business permitted under the laws of the United States or of this State.

No contract or other transaction between the corporation or any other corporation shall be effected or invalidated by the fact that any one or more of the stockholders of this corporation is or are interested in, or is a stockholder or officer or are stockholders or officers of such other corporations, and any stockholder or stockholders or officer of offices, individually or jointly may be party or parties to, or interested in any contract or transaction of this corporation, or in which this corporation is interested in and no contract, act or transaction of this corporation with any person or persons, firms or coporations shall be

effected or invalidated by the fact any stockholder or stockholders of this corporation is a party to or are parties to or are interested in such contract, act, transaction, or in any way connected with such person or persons, firms or associations, and each and every person who may become a

stockholder of this coporation is hereby relieved from any and all liabilities that might otherwise exist from contracting with the corporation for the benefit of himself or any firm or corporation in which he may be in anywise be interested.

ARTICLE II

The name of the corporation shall be:

DR. DAVID R. SLAVENS, P.A..

ARTICLE III

The authorized capital stock of this corporation shall be seven thousand five hundred (7500) shares with a par value of one dollar ($1.00) per share.

ARTICLE IV

The principal place of business of this corporation shall be:

16450-2 S. Tamiami Tr.
Ft. Myers, Fl 33908

ARTICLE V

The business of the corporation shall be managed and conducted by a Board Of Directors of not less than one (1) nor more than two (2) members as from time to time are determined by the stockholders, or by the directors, in accordance with the By-Laws of the Corporation. The intial Board of Directors shall be composed of one director, and the name and address of the

director is as follows:

David R. Slavens
16450-2 S. Tamiami Tr.
Ft. Myers, Fl 33908

ARTICLE VI

The street address of the intial principal officer of this corporation is: 16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908 and the name and address of the intial registered agent of this corporation is:

David R. Slavens
16450-2 S. Tamiami Tr.
Ft. Myers, Fl 33908

ARTICLE VII

The name and address of the person forming this corporation is:

David R. Slavens
16450-2 S. Tamiami Tr.
Ft. Myers, Fl 33908

ARTICLE VIII

The annual meeting of the stockholders shall be held at the office of the corporation on the second Monday in July of each and every year. The executive officers of this corporation shall be a President, a Secretary, a Treasurer, and at the option of the stockholders, one or more Vice-Presidents. The office of any one or more may be held by the same person. Such executive officers shall be elected by the stockholders at each annual meeting as foresaid. The stockholders shall have the power to fill any vacancy in any office.

ARTICLE IX

The first meeting of the incorporated and stockholders for the purpose of organizing and adopting By-Laws and election of officers shall be held at the office of the corporation.

IN WITNES WHEREOF, the party hereto has hereunto set his hand and seal this 14th day of January, 2002.

David R. Slavens, Incorporator

STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared to me known to the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same.

WITNES my hand and official seal at Ft. Myers, Fl and State and County this 14TH day of January, 2002.

Barbara Williams
Notary Public

NOTARY PUBLIC STATE OF FLORIDA
BARBARA WILLIAMS
MY COMMISSION # CC 881466
EXPIRES: Nov 20, 2003
1-800-3-NOTARY Fla. Notary Service & Bonding Co.

CERTIFICATION OF PLACE OF BUSINESS
AND DESIGNATION OF RESIDENT AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act: That Dr. DAVID R. SLAVENS, P.A. desires to organize under laws of the state of Florida with principal place of business as indicated in the Articles of Incorporation located in Ft. Myers, Florida has named David R. Slavens its agent to accept service of process in this and designates said address as the Registered Office.

David R. Slavens

Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby accept to act in this capacity and to comply with the provisions of said act relative to keeping said office open.

David R. Slavens

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