

PO2000016322

TRANSMITTAL LETTER

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

300004897603--6  
-02/11/02--01006--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: DR SEAN JOHNSON, P.A.  
(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: SEAN JOHNSON  
Name (Printed or typed)

115 DOE TRAIL  
Address

JUPITER, FL 33458  
City, State & Zip

561-575-0273  
Daytime Telephone number

RECEIVED  
TALLAHASSEE, FLORIDA

02 FEB - 8 AM 9:53

FILED

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

g/c 2/13

# 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 SEAN JOHNSON, P.A. DOCTOR OF CHIROPRACTIC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3300 PGA BOULEVARD SUITE 600  
PALM BEACH GARDENS, FL 33410

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN + CONDUCT THE GENERAL  
PRACTICE OF CHIROPRACTIC AND ALL ACTIVITIES +  
OPERATIONS DIRECTLY OR INDIRECTLY RELATED THERETO

## ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK  
HAVING A PAR VALUE OF ONE (\$1.00) DOLLAR PER SHARE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

## ARTICLE VI REGISTERED AGENT

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

SEAN JOHNSON D.C.  
3300 PGA BWD STE 600  
PBG, FL 33410

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SEAN JOHNSON D.C.  
3300 PGA BWD STE 600  
PBG, FL 33410

\*\*\*\*\*  
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/Registered Agent

Signature/Incorporator

Date

Date

FILED  
02 FEB - 8 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA