

TRANSMITTAL LETTER

P02000036989

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

300005049553--7
 -03/06/02--01031--007
 *****78.75 *****78.75

SUBJECT: Back into Health Chiropractic, Inc.
 (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: Theodore C. Kuchler III
 Name (Printed or typed)

13961 Spoonbill St. N.
 Address

Jacksonville, FL 32224
 City, State & Zip

(904) 307-7901
 Daytime Telephone number

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 02 MAR 29 PM 2:06

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

02000036989



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 13, 2002

THEODORE C KUCHLER
13961 SPOONBILL ST N
JACKSONVILLE, FL 32224

SUBJECT: BACK INTO HEALTH CHIROPRACTIC, INC.
Ref. Number: W02000006990

We have received your document for BACK INTO HEALTH CHIROPRACTIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 002A00015110

4/2/02

Theodore C Kuchler III DC.
13961 Spoonbill St N.
Jacksonville FL 32224

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

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TALLAHASSEE, FLORIDA
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Re: Back into Health Chiropractic, Inc.

Dear Frieda Chesser

This letter is to indicate that As president of Back into Health Chiropractic that I will not be reinstating this corporation in the State of Florida. This corporation name will be available as for future ~~corporation's~~ corporate registration. If there are any questions please call me at (904) 307-7901.

Theodore C Kuchler III DC
Pres. Back into Health Chiropractic

State of Florida
County of Duval

Sworn to and subscribed before me this 2nd Day of April, 2002, By
Theodore C. Kuchler, Personally Known



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:

Back into Health Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13961 Spoonbill St. N.
Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic / Acupuncture / Day Spa Office

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Theodore C Kuchler III President / Secretary
13961 Spoonbill St. N.
Jacksonville, FL 32224

ARTICLE VI REGISTERED AGENT

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

Theodore C Kuchler III
13961 Spoonbill St. N.
Jacksonville FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Theodore C Kuchler III
13961 Spoonbill St. N.
Jacksonville, FL 32224

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
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TALLAHASSEE, FLORIDA
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4/2/01

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