

PD 2000040022

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

900005107739--5  
-03/14/02--01044--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Landers Chiropractic PA  
(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: Cathleen Landers  
Name (Printed or typed)

177 E. Graves Ave Suite B  
Address

Orange City, FL 32763  
City, State & Zip

(386) 775-1168  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR 12 PM 1:48

W-7829

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

BR 4/12



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 20, 2002

CATHLEEN LANDERS  
177 E GRAVES AVE SUITE B  
ORANGE CITY, FL 32763

SUBJECT: LANDERS CHIROPRACTIC PA  
Ref. Number: W02000007829

We have received your document for LANDERS CHIROPRACTIC PA 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.**

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 402A00016754

To whom It may Concern,

04/09/02

I have no intentions in  
reinstating the administratively  
dissolved corporation. I am  
releasing the name to the  
new corporation.

Thank You.

Sincerely,

*[Signature]* DC,

DR. Cathleen Landers

(386) 775-1168 ph.

(386) 775-7101 fax.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR 12 PM 1:48

FAXED  
04/09/02

# 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:

Landers Chiropractic, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

177 E. Graves Ave. Suite B  
Orange City, FL 32763

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Clinic

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Dr. Cathleen Landers  
177 E. Graves Ave. Suite B  
Orange City, FL 32763

## ARTICLE VI REGISTERED AGENT

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

Dr. Cathleen Landers 177 E. Graves Suite B  
Orange City, FL 32763

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Cathleen Landers 177 E. Graves Suite B  
Orange City, FL 32763

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date