

PO2000049038

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

500005313945--2  
-04/22/02--01086--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: KEVIN K. REISECK D.C. 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: KEVIN K. REISECK  
Name (Printed or typed)

11085 NW 39TH ST. - APT. 104  
Address

SUNRISE, FL 33351  
City, State & Zip

(954)-746-1922  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAY -3 AM 7:40

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

BR 5/6  
W-11873



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 25, 2002

KEVIN K REISECK  
11085 NW 39TH ST, APT 104  
SUNRISE, FL 33351

SUBJECT: KEVIN K. REISECK D.C. P.A.  
Ref. Number: W02000011873

We have received your document for KEVIN K. REISECK D.C. P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

You listed the percentage not the actual number of shares of stock.

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) 245-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 702A00025302

**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:

KEVIN K. REISECK D.C. P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11085 NW 39th ST. - APT 104  
SUNRISE, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**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:

KEVIN K. REISECK  
11085 NW 39th ST APT 104  
SUNRISE FL 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

KEVIN K. REISECK  
11085 NW 39th ST APT 104  
SUNRISE, FL 33351

\*\*\*\*\*

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

K. R.

Signature/Registered Agent

4/17/02

Date

K. R.

Signature/Incorporator

4/17/02

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAY -3 AM 7:40