

TRANSMITTAL LETTER

P020000069644

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

000005923940--0  
-06/24/02--01047--023  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Mind, Body and Spirit 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: William Tyler  
Name (Printed or typed)

5375-B Stirling Road  
Address

Davie FL 33314  
City, State & Zip

954-321-8996  
Daytime Telephone number

2002 JUN 24 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

✓  
6/25/02

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

2002 JUN 24 AM 9:55

## ARTICLE I NAME

The name of the corporation shall be Mind, Body and Spirit Chiropractic, Inc. SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRICIPAL OFFICE

The principal place of business/mailling address is

150 NE 15<sup>th</sup> Avenue #1137  
Fort Lauderdale, FL 33301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized new business Chiropractic Office

## ARTICLE IV SHARES

The number of shares of stock is 20 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS

Dr. Jose Orta  
150 NE 15<sup>th</sup> Avenue #1137  
Fort Lauderdale, FL 33301

Dr. Amy Ennis  
150 NE 15<sup>th</sup> Avenue #1137  
Fort Lauderdale, FL 33301

## ARTICLE VI REGISTERED AGENT

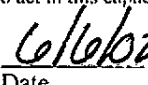
William A. Tyler  
5375 Stirling Road  
Davie, FL 33314

## ARTICLE VII INCORPORATOR

William A. Tyler  
5375 Stirling Road  
Davie, FL 33314

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 of Registered Agent

  
Date

  
Signature / Incorporator

  
Date