

PO2000102797

TRANSMITTAL LETTER

FILED

02 SEP 20 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: SPIRELLI WELLNESS CENTERS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900007894629--1  
-09/20/02--01048--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: DEAN SPIRELLI  
Name (Printed or typed)

21318 FALLS RIDGE WAY  
Address

BOCA RATON ,FL 33428  
City, State & Zip

(954) 972-2255  
Daytime Telephone number

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

9-27-02  
2

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be:

SPIRELLI WELLNESS CENTERS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4974 w. atlantic blvd  
MARGATE, FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CHIROPRACTIC CARE CENTER

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES OF COMMON STOCK

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

DEAN SPIRELLI, PRES.  
21318 FALLS RIDGE WAY  
BOCA RATON, FL 33428

NICHOLAS D. DE SOLA, VP  
5858 EAGLE CAY CIRCLE  
COCONUT CREEK, FL 33073

**ARTICLE VI REGISTERED AGENT**

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

DEAN SPIRELLI  
21318 FALLS RIDGE WAY  
BOCA RATON, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DEAN SPIRELLI  
21318 FALLS RIDGE WAY  
BOCA RATON, FL 33428

\*\*\*\*\*  
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  
DEAN SPIRELLI

9/17/02  
Date

Signature/Incorporator  
DEAN SPIRELLI

9/17/02  
Date



Lisa J. Von Hoffen  
Commission # CC 920371  
Expires April 30, 2004  
Bonded thru  
Atlantic Bonding Co., Inc.

9/17/02