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TRANSMITTAL LETTER

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

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-09/24/02--01038--011
*****87.50 *****87.50

SUBJECT: GALE F. COONEY, D.C., PA
(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: GALE F COONEY DC
Name (Printed or typed)

6901 N. LAGOON DR. #9
Address

PANAMA CITY FL 32408
City, State & Zip

850-896-3602
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP 24 AM 10:53

FILED

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

me 9/27

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:

GALE F. COONEY, D.C., PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6901 N. LAGOON DR. #9
PANAMA CITY, FL 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF PROFESSIONAL SERVICES OF:
CHIROPRACTIC; ACUPUNCTURE; PHYSICAL THERAPY;
MASSAGE; NUTRITION COUNSELING

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

GALE F. COONEY DC : PRESIDENT
VICE PRESIDENT
TREASURER
SECRETARY
DIRECTOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

6901 N. LAGOON DR. #9
PANAMA CITY, FL 32408
REGISTERED AGENT: GALE F. COONEY DC

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GALE F. COONEY DC
6901 N. LAGOON DR. #9
PANAMA CITY, FL 32408

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