

P03000012278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500010706275

01/27/03--01068--004 \*\*70.00

FILED  
03 JAN 27 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: EDWARD D. VICKERS, SR., B.S., D.C., P.A.  
(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: EDWARD D. VICKERS, SR.  
Name (Printed or typed)

905 W. VENTURA AVENUE  
Address

CHENWISTON, FLA. 33440  
City, State & Zip

863-983-8391  
Daytime Telephone number

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

# 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:

EDWARD D. VICKERS, SR., B.S., D.C., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

905 W. VENTURA AVENUE  
CLEWISTON, FLA. 33440

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF DOCTOR OF CHIROPRACTIC

## ARTICLE IV SHARES

The number of shares of stock is:

5000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

EDWARD D. VICKERS, SR.  
905 W. VENTURA AVENUE  
CLEWISTON, FLA. 33440

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD D. VICKERS, SR.  
905 W. VENTURA AVENUE  
CLEWISTON, FLA. 33440

\*\*\*\*\*  
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

Edward D. Vickers Sr  
Signature/Registered Agent

1/24/03  
Date

Edward D. Vickers Sr  
Signature/Incorporator

1/24/03  
Date

FILED  
03 JAN 27 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA