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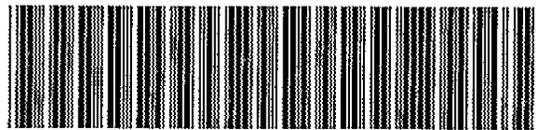
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✓

**MICHAEL P NEWMAN
9420 S W 77 AVENUE SUITE 100
MIAMI, FL 33156**

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

RE: MICHAEL P NEWMAN, D C, P A.

Enclosed is a check for \$ 78.75 and two copies of the articles of incorporation for
MICHAEL P NEWMAN, D C, P A.

Please return a certified copy to the registered agent of the corporation:

**MICHAEL P NEWMAN
9420 S W 77 AVENUE SUITE 100
MIAMI, FL 33156**

Thank you for your attention to this request.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Michael P Newman', is written over the signature line.

ARTICLES OF INCORPORATION

OF

MICHAEL P NEWMAN, D C, P A

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MICHAEL P NEWMAN, D C, P A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

**9420 S W 77 AVENUE SUITE 100
MIAMI, FL 33156**

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

**MICHAEL P NEWMAN
9420 S W 77 AVENUE SUITE 100
MIAMI, FL 33156**

ARTICLE V BUSINESS OF CORPORATION

The corporation is the business of providing chiropractic and medical services.

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ARTICLE V INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

MICHAEL P NEWMAN
9420 S W 77 AVENUE SUITE 100
MIAMI, FL 33156

The undersigned have executed these Articles of Incorporation this 5 Day of February 2023


Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT


Signature

2/5/23
Date

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