

P03000019837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

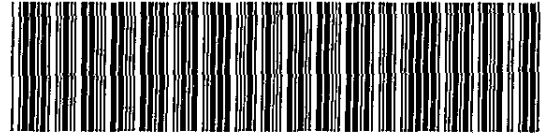
(Business Entity Name)

(Document Number)

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

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**TRANSMITTAL LETTER**

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

SUBJECT: Gady Abramson, D.C., P.A.  
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gady Abramson  
Name (Printed or typed)

1085 Weeping Willow Way  
Address

Hollywood, FL 33019  
City, State & Zip

(954) 921-3852  
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:

Gady Abramson, D.C. P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1085 Weeping Willow Way  
Hollywood, FL 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

chiropractic office

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Gady Abramson - Director  
1085 Weeping Willow Way  
Hollywood, FL 33019

**ARTICLE VI REGISTERED AGENT**

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

Gady Abramson  
1085 Weeping Willow Way  
Hollywood, FL 33019

**ARTICLE VII INCORPORATOR**

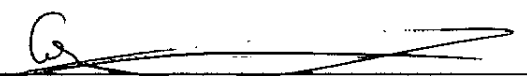
The name and address of the Incorporator is:

Gady Abramson  
1085 Weeping Willow Way  
Hollywood, FL 33019

\*\*\*\*\*  
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

2/10/03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/10/03  
Date

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