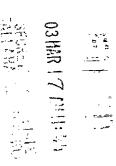
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: Fai	mily Chiropractic Clinic, Corp			
Enclosed are an oris	(PROPOSED CORPORA)	TE NAME - MUST INCL		
2 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Isac Louimeus Name	(Printed or typed)		
	2751 Colonial Blvd., #103 Address			
	Ft Myers, FL 33907	State & Zip		
	Daytime T	elephone 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

The name of the corporation shall be:

Family Chiropractic Clinic, Corp.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

2751 Colonial Blvd., #103 Ft Myers, FL 33907

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business related to Chiropractic Practice

ARTICLE IV

The number of shares of stock is: 10.000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Isac Louimeus: Pres/ Sec 2751 Colonial Blvd., #103

Ft. Myers, FL 33907

Berthony Zamilus: VP/Treas

5368 Burgner St.

Port Charlotte, FL 33981

ARTICLE VI REGISTERED AGENT

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

Berthony Zamilus 5368 Burgner St. Port Charlotte, FL 33981

INCORPORATOR

The name and address of the Incorporator is:

Isac Louimeus 2751 Colonila Blvd., #103 Ft Myers, FL 33981

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Fam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signatury