

P03000042442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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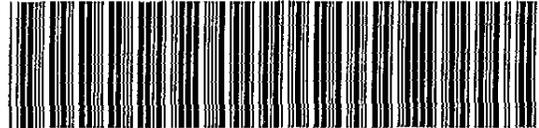
(Business Entity Name)

(Document Number)

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# TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Boyle and Sicwell, 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

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

Dr. Joseph Boyle

Name (Printed or typed)

3801 West Lake Mary Blvd. 131

Address

Lake Mary Fla. 32746

City, State & Zip

407-321-7500

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 18, 2003

JOSEPH BOYLE  
3801 WEST LAKE MARY BLVD 131  
LAKE MARY, FL 32746

SUBJECT: BOYLE & SICURELLA, P.A.  
Ref. Number: W03000007794

We have received your document for BOYLE & SICURELLA, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 803A00016718

RECEIVED  
03 APR 15 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

BOYLE & SICURELLA P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

577 DELTONA BLVD  
DELTONA, FL 32725

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):

JOSEPH BOYLE P

614 ALDER GROVE DRIVE  
DELTONA FL 32725

JOSEPH SICURELLA VP

2613 ALAMOSA PLACE  
LAKE MARY FL 32746

ARTICLE VI REGISTERED AGENT

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

JOSEPH BOYLE

614 ALDER GROVE DRIVE  
DELTONA FL 32725

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH BOYLE

614 ALDER GROVE DRIVE  
DELTONA FL 32725

\*\*\*\*\*

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

JOSEPH BOYLE

3-8-03

Date

  
Signature/Incorporator

JOSEPH BOYLE

3-8-03

Date

FILED  
2003 APR 15 AM 8:45  
STATE OF FLORIDA