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TRANSMITTAL LETTER

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

SUBJECT:	VAL GAMBINA, D	C, INC		
		TE NAME – <u>MUST INCL</u>	-	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	VAL GAMBINA, DC Name (Printed or typed)			
	1188 JACARANDA-BLUD. Address			
	VENICE	FL 34292 State & Zip		
		12 6880	<u> </u>	

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: VAL GAMBINA, DC, INC. ARTICLE II PRINCIPAL OFFICE 1188 JACARANDA BLYD The principal place of business/mailing address is: VENICE, FL 34292 The purpose for which the corporation is organized is: TO PROVIDE INDEPENDENT ARTICLE III CHIROPRACTIC SERVICES. ARTICLE IV SHARES The number of shares of stock is: COS ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): VAL GAMBINA, DC 1188 JACARANDA BLUD. VENICE, FL 34292 REGISTERED AGENT VAL GAMBINA, DC The name and Florida street address of the registered agent is: 1188 JACARANDA BLVD. VENICE, FL 34292

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

VAL GAMBINA, DC

1188 JACHRANDA BLUD. VENICE, FL 34792

Signature/Registered Agent

The name and address of the Incorporator is:

INCORPORATOR

Date

04-24-03

Signature/Incorporator

ARTICLE VII

Date