

PO3000060686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

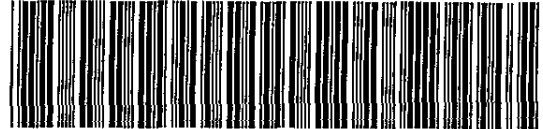
(Business Entity Name)

(Document Number)

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03 MAY 27 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 MAY 27 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ARTIBONITE INJURY CARE CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1024 FOSTERSMILL RD
BOYNTON BCH, FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE RENDERING OF Chiropractic, Acupuncture, and Medical care
and treatment

ARTICLE IV SHARES

The number of shares of stock is:

one thousand (1000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

MORILUS DAT
1024 FOSTERSMILL RD
BOYNTON BCH, FL 33436

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MORILUS DAT
1024 FOSTERSMILL RD
BOYNTON BCH, FL 33436

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

Morilus Dat
Signature/Registered Agent

02-28-03
Date

Morilus Dat
Signature/Incorporator

02-28-03
Date