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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OB 4/14

TRANSMITTAL LETTER

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

SUBJECT: R. Joel Rosen 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

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: R. Joel Rosen  
Name (Printed or typed)

4848 N. State Rd 7#102  
Address

Gannett Creek, FL 33073  
City, State & Zip

561-843-5962  
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)

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**ARTICLE I NAME**

The name of the corporation shall be: *R Joel Rosen D.C. P.A.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*Royal Palm Plaza  
307 Via de Palmas  
Boca Raton, FL, 33432*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Health care  
chiropractic office*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

**ARTICLE VI REGISTERED AGENT**

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

*R. Joel Rosen D.C.  
4848 N. State Rd 7#102  
Coconut Creek, FL, 33073*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*R. Joel Rosen D.C.  
~~4848 N. State Rd 7#102~~  
~~Coconut Creek~~ *307 Via de Palmas  
Boca Raton, FL, 334**

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*7/7/03*

Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*7/7/03*

Date