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(Requestor's Name)

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PICK-UP WAIT MAIL

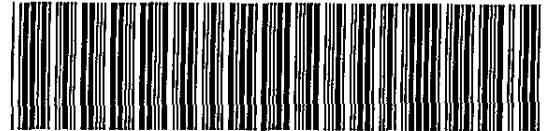
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
03 JUL 16 AM 11:31

REGISTRAR JUL 17

TRANSMITTAL LETTER

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

SUBJECT: WEST SIDE CHIROPRACTOR, INC.
(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: WILL L VITAL
Name (Printed or typed)

P.O.BOX 551439
Address

ORLANDO, FL 32855
City, State & Zip

(407) 849-0444
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)

ARTICLE I NAME

The name of the corporation shall be:
WEST SIDE CHIROPRACTOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
1310 WEST COLONIAL DR SUITE 21-23
ORLANDO, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CHIROPRACTOR CARE

ARTICLE IV SHARES

The number of shares of stock is:
300 SHARES OF COMMON STOCK A- VOTING.
ALL SHARES OF STOCK ARE 100% OWNED BY WILL L VITAL.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
OWNER
WILL L VITAL
P.O.BOX 551439
ORLANDO, FL 32855

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
WILL L VITAL
2745 MYAKKA DR
ORLANDO, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
WILL L VITAL
P.O.BOX 551439
ORLANDO, FL 32855

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

Will L Vital
Signature/Registered Agent 07/10/03
Date

Will L Vital
Signature/Incorporator 07/10/03
Date