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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

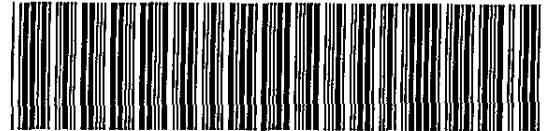
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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

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*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