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## TRANSMITTAL LETTER

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Department of State Division of Corporations P. O. Box 6327 .. Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME The name of the corporation shall be: . Cicily Payne-Nestor P.A. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 50 NW 109 St Miami Shores, FL 33/68 ARTICLE III PURPOSE To practice chiropractic medicine in the state of Florida The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 5,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Cicily Payne- Nestor 50 NW 109 St Miami Shores, FL 33168 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Cicily Payne - Nestor 50 NW 109 St Miami Shores, FC 33/68 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Cicily Payne- Nestor 50 NW 109 St Main Shores, FC 33168 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I fam familiar with and accept the appointment as registered agent and agree to act in this capacity ignature/Registered Agent