

PO 30000 84402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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**TRANSMITTAL LETTER**

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

SUBJECT: \_\_\_\_\_

*James Nestor 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: \_\_\_\_\_

*James Nestor*

Name (Printed or typed)

*50 NW 109 St*

Address

*Miami Shores, FL 33168*

City, State & Zip

*(305) 758-9015*

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

James Nestor P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

50 NW 109 St  
Miami Shores, FL 33168

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To practice chiropractic medicine in the state of Florida.

## 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):

James Nestor  
50 NW 109 St  
Miami Shores, FL 33168

## ARTICLE VI REGISTERED AGENT

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

James Nestor  
50 NW 109 St  
Miami Shores, FL 33168


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

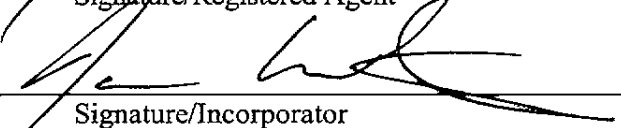
James Nestor  
50 NW 109 St  
Miami Shores, FL 33168

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

7/2/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/2/03  
\_\_\_\_\_  
Date

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