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TRANSMITTAL LETTER

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

SUBJECT: Dr. Rachel Fornes & Associates, P.A.

(Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

 \$122.50 \$131.25 Filing Fee Filing Fee & Certified Copy Certified Copy

ADDITIONAL COPY REQUIRED

FROM:	Gary G. Runyan
	Name (Printed or typed)
	3960 S. Banana River Blvd.
	Address
	Cocoa Beach, FL 32931
	City, State & Zip
	321-784-4515
	Daytime telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporations Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Dr. Rachel Fornes & Associates, P.A.

The purpose of the business: Chiropractor

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1727 N. Atlantic Ave. Cocoa Beach, FL 32931

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Rachel Fornes
1727 N. Atlantic Ave.
Cocoa Beach, FL 32931

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Gary G. Runyan 3960 S. Banana River Blvd. Cocoa Beach, FL 32931

ARTICLE VI NAME(S) AND ADDRESS(ES) OF INITIAL OFFICER(S)

Rachel Fornes, President 1727 N. Atlantic Ave. Cocoa Beach, FL 32931



(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

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