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(Requestor's Name)

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PICK-UP WAIT MAIL

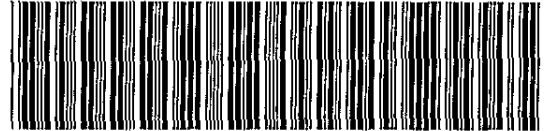
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

09-08-03

09/15/03 -01085--013 **78.75

REGISTRY OF STATES
MAIL ROOM

03 SEP 15 PM 12:05

FILED

Handwritten signature

**MCCLERREN CHIROPRACTIC, INC.
PO BOX 23743
JACKSONVILLE, FL 32241
904-994-4833**

September 5, 2003

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

RE: MCCLERREN CHIROPRACTIC, INC.

Enclosed please find the original and one copy of Articles of Incorporation of MCCLERREN CHIROPRACTIC, INC. Also enclosed is a check in the amount of \$78.75 that includes the Filing Fee of \$35.00, Registered Agent fee of \$35.00 and certified copy of Articles of Incorporation, \$8.75.

Please make the effective date of this corporation September 8, 2003.

Very truly yours,


Todd McClerren

Enclosures

ARTICLE V--INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Todd McClerren
1008 Blackberry Lane
Jacksonville, FL 32259

ARTICLE VI--INCORPORATORS

The names and street addresses of the incorporator to these Articles of Incorporation is:

Todd McClerren
1008 Blackberry Lane
Jacksonville, FL 32259

ARTICLE VII--AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE VIII--PURPOSE

The purpose of this corporation is to carry on any legal activity.

The undersigned have executed these Articles of Incorporation this 5th day of September 2003..


Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/agent in the state of Florida.

1. The name of the corporation is: MCCLERREN CHIROPRACTIC, INC.
2. The name and address of the registered agent and office is:

TODD MCCLERREN

1008 BLACKBERRY LANE

JACKSONVILLE, FL 32259

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SIGNATURE _____



TITLE _____

president

DATE _____

9/12/07

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 _____



DATE _____

9/12/07