P03000129704

| (Re | questor's Name) | . |
|-------------------------|-----------------------------|---------------|
| (Ad | dress) | |
| (Ad | dress) | <u> </u> |
| (Cit | y/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | sin es s Entity Name |) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Office I de Carlo | |
| | Office Use Only | |
| | | MINIV |
| l l | | |
| | / \ | '\ \ |
| \ / | | |



800024075778

11/06/03--01007--013 **78.75

03 NOY -6 AM II: 38

RICHARD W. TAYLOR, P.A.

ATTORNEY AT LAW 112 NORTH FLORIDA AVENUE DELAND, FLORIDA 32720

RICHARD W. TAYLOR BOARD CERTIFIED IN REAL PROPERTY

MICHAEL P. NORDMAN

(386) 734-2558 FAX (386) 734-4579 SIDNEY H. TAYLOR RETIRED

October 31, 2003

Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

> DELAND CHIROPRACTIC, INC. RE

Dear Sir:

Enclosed please find the original and one copy of the Articles of Incorporation and Acceptance of Registered Agent for DELAND CHIROPRACTIC, INC. I am also enclosing a check in the amount of \$78.75 to cover the filing fee and the charges for certified copy and the designation of registered agent. appreciate your filing these articles and returning the certificate and the certified copy to me.

Thank you for your assistance in this matter.

Very truly yours,

Michael P. Nordman

muchal & Men

MPN/ph

Enclosures

C:\H\CORP\JAKES.INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF DELAND CHIROPRACTIC, INC.

ARTICLE I - NAME

The name of this corporation shall be DELAND CHIROPRACTICAL INC., and the address of the principal office of the corporation is 125 West Plymouth Avenue, DeLand, Florida 32720.

ARTICLE II - DURATION

The term of existence of this corporation shall be perpetual.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of conducting any and all-lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of common stock, each share with a par value of \$1.00.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation will be 125 West Plymouth Avenue, DeLand, Florida 32720 and the name of the initial registered agent at that office is James T. Rybinski.

ARTICLE VI - BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by the By-laws. The initial director shall be James T. Rybinski, 125 West Plymouth Avenue, DeLand, Florida 32720.

ARTICLE VII - INCORPORATOR

The name and address of the incorporator of this corporation is James T. Rybinski, 125 West Plymouth Avenue, DeLand, Florida 32720.

ARTICLE VIII - BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

2003.

STATE OF FLORIDA COUNTY OF VOLUSIA

BEFORE ME this day personally appeared James T. Rybinski, (__) to me known to be the person described in and who executed the foregoing instrument, or () who has produced his current driver's license for identification, and he acknowledged before me that he executed the same.

WITNESS my hand and official seal this 3 day of October, 2003. MINIMUM HAMA

Motary Public, State of Florida

U:\CORP\Rybinski

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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

| James T. Rybinski |
|----------------------------------|
| (Name) |
| 125 West Plymouth Avenue |
| (P.O. Box <u>not</u> acceptable) |
| DeLand, Florida 32720 |
| (City/State/Zip) |

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.

James T. Rybinski Dated: ///3/147 03 NUA -6 WHII: 3

C:\U\CORP\Rybinski