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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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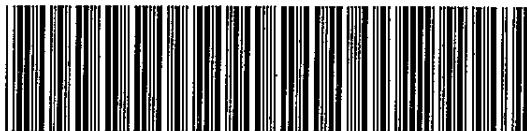
(Business Entity Name)

(Document Number)

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

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04 JAN 20 PM 3:44  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** UNIVERSITY CHIROPRACTIC, INC.

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** UNIVERSITY CHIROPRACTIC, INC.

Name (Printed or typed)

10157 UNIVERSITY BLVD

Address

ORLANDO, FL 32817

City, State & Zip

407-677-7723

Daytime Telephone number

**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:

UNIVERSITY CHIROPRACTIC, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10157 UNIVERSITY BLVD, ORLANDO, FL 32817

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY AND ALL LEGAL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES AUTHORIZED

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALAN D NEWMAN PRESIDENT, 6024 RALEIGH STREET, PR 2815, ORLANDO, FL 32835

## ARTICLE VI REGISTERED AGENT

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

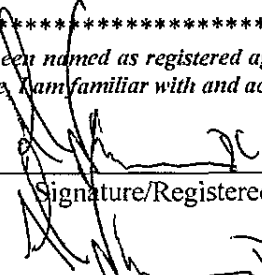
ALAN D NEWMAN, 6024 RALEIGH STREET, APT 2815, ORLANDO, FL 32835

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAN D NEWMAN, 6024 RALEIGH STREET, APT 2815, ORLANDO, FL. 32835

\*\*\*\*\*  
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

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

FILED

04 JAN 20 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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| 1    | 12 | 64 |
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