

PO4D000025221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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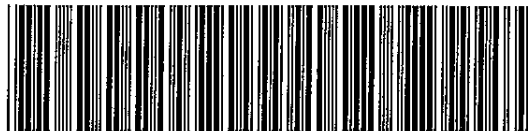
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB '2 PM 1:45

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

TRANSMITTAL LETTER

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

SUBJECT: WRMDC CHIROPRACTIC, INC.
(Proposed corporate name-must include suffix)

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

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: WILLIAM MILLER
Name(Printed or typed)

9250 GLADES ROAD STE# 110
Address

BOCA RATON, FL 33434
City, State & Zip

(561) 479-3222
Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WRMDC CHIROPRACTIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

9250 GLADES RD., STE 110
BOCA RATON, FL 33434

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM MILLER
8865 NW 55TH PLACE
CORAL SPRINGS, FL 33067

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM MILLER
8865 NW 55TH PLACE
CORAL SPRINGS, FL 33067

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28 day of January, 2004.
(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

**Notarization is not required
CERTIFICATE
OF DESIGNATION OF
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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WRMDC CHIROPRACTIC, INC..

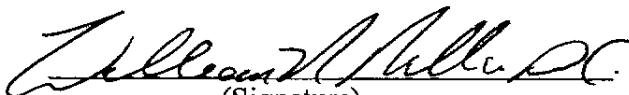
2. The name and address of the registered agent and office is:

WILLIAM MILLER.
(Name)

9250 GLADES ROAD STE#110.
(P.O. Box or Mail Drop Box **NOT** Acceptable)

CORAL SPRINGS, FL 33067.
(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.


(Signature)

1/28/2004.
(Date)