

P04000033746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature]



400028764944

02/18/04--01016--010 **78.75

2004 FEB 17 P 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Back to Eden Healthcare Center
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Back to Eden Healthcare Center
Name (Printed or typed)

3604 SW 14th Street / Suite A
Address

Fort Lauderdale FL 33312
City, State & Zip

954-588-8602
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:

Back to Eden Healthcare Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*3604 SW 14th Street / Suite A
Fort Lauderdale, FL 33312*

2004 FEB 17 P 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Clinic

ARTICLE IV SHARES

The number of shares of stock is:

*- 100 - one hundred - 00/100
Shares of stock*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Estella Williams / President /

ARTICLE VI REGISTERED AGENT

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

*Estella Williams - 3604 SW 14th st / Suite A
Fort Lauderdale, FL 33312*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Estella Williams
3604 SW 14th st / Suite A
Ft. Lauderdale, FL 33312*

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

Estella Williams

Signature/Registered Agent

2/12/04
Date

Estella Williams

Signature/Incorporator

2/12/04
Date