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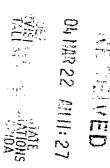
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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994 Phone #

OFFICE USE ONLY

CORPORATION	NAME(S) & DO	CUMENT NUMBER(S) (if known):	
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	poration Name)	(Dacument #)	R 22
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	poration Name)	(Document #)	
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Mail out	☐ Will wait	Photocopy Certificate of Status	
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X Profit	<u> </u>	Amendment	
NonProfit		Resignation of R.A., Officer/ Director	
Limited Liabili	ty	Change of Registered Agent	
Domestication	<u> </u>	Dissolution/Withdrawal	•
Other		Merger	

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

CR2E031(9/92)

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:

TAFT CHIROPRACTIC CENTER INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6517 TAFT STREET SUITE 201
HOLLYWOOD FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHIROPRACTIC CENTER

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANIEL CHAVEZ 2917 SW 21 STREET MIAMI FL 33145

ARTICLE VI REGISTERED AGENT

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

DANIEL CHAVEZ 2917 SW 21 STREET MIAMI FL 33145

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DANIEL CHAVEZ 2917 SW 21 ST MIAMI FL 33145

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

Date

Signature/Incorporator

Date

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