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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: JORDAN MASTRONARDI DCPA
(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: JORDAN MASTRONARDI
Name (Printed or typed)

6010 NW 56th Circle
Address

Coral Springs, FL 33067
City, State & Zip

(954) 821 8399
Daytime Telephone number

04 SEP 13 PM 4:31

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:

JORDAN MASTRONARDI DCPA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4400 W. Sample Rd
Township PLAZA, Suite 114
Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Professional Corporation~~ For The Purpose of Practicing Chiropractic Medicine

J.M.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JORDAN MASTRONARDI CEO 6010 NW 56th Circle
Coral Springs, FL 33067

04 SEP 13 PM 1:31

ARTICLE VI REGISTERED AGENT

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

JORDAN MASTRONARDI
6010 NW 56th Circle
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JORDAN MASTRONARDI
6010 NW 56th Circle
Coral Springs, FL 33067

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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

J. Mastronardi — Signature/Registered Agent — 7/1/04 — Date

J. Mastronardi — Signature/Incorporator — 7/1/04 — Date