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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877)527-3463
Fax Number : (305)675-2811

FLORIDA PROFIT CORPORATION OR P.A.

MAGIC CHIROPRACTIC CLINIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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 :
MAGIC CHIROPRACTIC CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :
600 WEST OAKRIDGE ROAD,STE 3
ORLANDO, FL 32809

ARTICLE III PURPOSE

CHIROPRACTIC CLINIC

ARTICLE IV SHARES

The number of shares of stock is:
1500 COMMON SHARES

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director:

RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

Director:

CHESNEL RAPHAEL
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

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PAGE 2 MAGIC CHIROPRACTIC CLINIC, INC.

ARTICLE VI REGISTERED AGENT

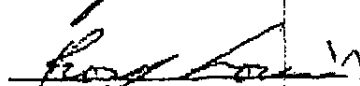
The name and Florida street address of the registered agent is:

RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

Having been named as registered agent to accept service of process for the above
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 Agent9-13-04
Date
Signature / Incorporator9-13-04
Date

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