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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Bronson Family Chiropractic, Inc.
(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: LESLIE A. BRONSON, D.C.
Name (Printed or typed)

4169 LEXINGTON AVE.
Address

JACKSONVILLE, FL 32210
City, State & Zip

904-226-7282
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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04 NOV 15 PM 12:12

November 4, 2004

LESLIE A. BRONSON, P.C.
4169 LEXINGTON AVE.
JACKSONVILLE, FL 32210

SUBJECT: BRONSON FAMILY CHIROPRACTIC INC
Ref. Number: W04000040529

We have received your document for BRONSON FAMILY CHIROPRACTIC INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000071170.

An effective date **may** be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 404A00063337

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: ~~BRONSON FAMILY CHIROPRACTIC, INC.~~ BRONSON FAMILY CHIROPRACTIC & WELLNESS CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 945 STATE RD. 13 STE #9
JACKSONVILLE, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LESLIE A. BRONSON - PRESIDENT
LESLIE A. BRONSON - SECRETARY
4169 LEXINGTON AVE. JACKSONVILLE, FL 32210

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

LESLIE BRONSON
4169 LEXINGTON AVE
JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

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

LESLIE BRONSON
4169 LEXINGTON AVE.
JACKSONVILLE, FL 32210

****

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: 10/30/04

Signature/Incorporator — Date: 10/30/04