

P04000161046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

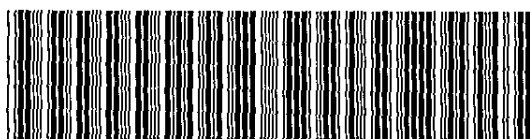
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

11/30/04



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11/29/04--01024--017 **157.50

EFFECTIVE DATE
1-1-05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 29 P 3:02 PM
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED

04 NOV 29 PM 12:35

RECEIVED

104-4356

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) & DOCUMENT NUMBER(S) (if known):

1. Chiropractic Supreme Management, Corp.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

EFFECTIVE DATE: 01/01/2005.-

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:

SUPREME CHIROPRACTIC MANAGEMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14606 SW 12 LANE., MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTIC MANAGEMENT

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):

LUIS M. ROQUETA, AS PRESIDENT
14606 SW 12 LANE
MIAMI, FL 33184

ARTICLE VI REGISTERED AGENT

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

LUIS M. ROQUETA
14606 SW 12 LANE
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS M. ROQUETA
14606 SW 12 LANE
MIAMI, FL 33184

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

X

Signature/Registered Agent

11. 24. 04

Date

X

Signature/Incorporator

11. 24. 04

Date

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2004 NOV 29 P 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1-1-05