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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/07/05--01065--014 **70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 FEB -7 PM 1:50

RECEIVED

02 07-08

TRANSMITTAL LETTER

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

SUBJECT: Adriene D. Hill DC, PA
(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: Adriene D. Hill, DC
Name (Printed or typed)

2543 Crawfordville Hwy, unit 4
Address

Crawfordville, FL 32327
City, State & Zip

850-926-9171
Daytime Telephone number

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:

Adriene D. Hill DC, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2543 Crawfordville Hwy, unit 4
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Office of Chiropractic

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Adriene D. Hill, DC ~~Director~~ { Director
President
Secretary
Treasurer
~~260 Evansh. Rd~~ 2543 Crawfordville Hwy, unit 4
Crawfordville, FL 32327

ARTICLE VI REGISTERED AGENT

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

Adriene D. Hill, DC
2543 Crawfordville Hwy unit 4
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adriene D. Hill, DC
2543 Crawfordville Hwy unit 4
Crawfordville, FL 32327

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

Adriene D. Hill, DC Registered Agent
Signature/Registered Agent

1-31-05
Date

Adriene D. Hill, DC Incorporator
Signature/Incorporator

1-31-05
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -7 PM 1:57

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