

P05000084019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

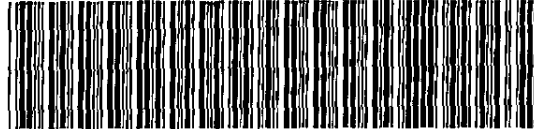
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/10/05--01016--004 \*\*78.75

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05 JUN 10 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]* 6/10/✓

## TRANSMITTAL LETTER

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

SUBJECT: A UNIQUE TOUCH 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: ALAN R Papenheim  
Name (Printed or typed)  
12564 Spring Hill DR.  
Address  
Spring Hill FL. 34605  
City, State & Zip  
352-684-3760  
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:

A UNIQUE TOUCH CHIROPRACTIC INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12564 Spring Hill Dr, Spring Hill, FL. 34609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CHIROPRACTIC HEALTH CARE

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

ALAN R Papenheim DC,  
12564 Spring Hill Dr  
Spring Hill FL. 34609

**ARTICLE VI REGISTERED AGENT**

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

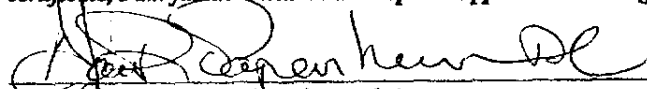
ALAN R Papenheim DC  
12564 Spring Hill Dr  
Spring Hill FL. 34609

**ARTICLE VII INCORPORATOR**

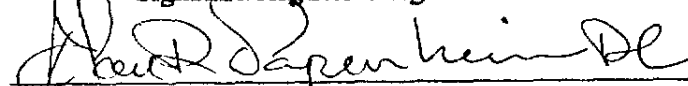
The name and address of the Incorporator is:

ALAN R Papenheim DC  
12564 Spring Hill Dr  
Spring Hill, FL. 34609

\*\*\*\*\*  
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

6/7/05  
Date

  
Signature/Incorporator

6/7/05  
Date

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TALLAHASSEE, FLORIDA