

POS00000 907 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

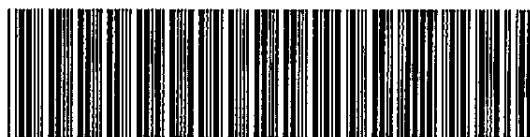
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000056500490

06/24/05--011028--0017 \*\* 78.75

FILED  
2005 JUN 24 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton JUN 27 2005

## TRANSMITTAL LETTER

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

SUBJECT: DR. ELLIOTT KRAKOW, D.C., P.A.  
(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: DR. ELLIOTT KRAKOW  
Name (Printed or typed)

13366 KINGSBURY DRIVE  
Address

WELLINGTON, FL. 33414  
City, State & Zip

561-795-0433  
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)

**FILED**

2005 JUN 24 AM 8: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

DR. ELLIOTT KRAKOW, D.C., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13366 KINGSBURY DRIVE  
WELLINGTON, FL. 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE SERVICES

**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):

DR. ELLIOTT KRAKOW, PRESIDENT  
13366 KINGSBURY DRIVE  
WELLINGTON, FL. 33414

**ARTICLE VI REGISTERED AGENT**

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

DR. ELLIOTT KRAKOW  
13366 KINGSBURY DRIVE  
WELLINGTON, FL. 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DR. ELLIOTT KRAKOW  
13366 KINGSBURY DRIVE  
WELLINGTON, FL. 33414

\*\*\*\*\*

*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

6/22/05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/22/05

\_\_\_\_\_  
Date