P05000093969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: ~~Chiropractic Life Centers of Florida, P.A.~~ 4-D 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: Paul C. Sorchy, II
Name (Printed or typed)

1705 E. Highway 50 ste. B
Address

Clermont, FL 34711
City, State & Zip

(352) 394-7577
Daytime Telephone number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

4-D Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1705 E. Highway 50 ste. B
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide chiropractic and other healthcare related services.

ARTICLE IV SHARES

The number of shares of stock is:

24,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul C. Sorchy, II: 17805 Bonnievista Court Winter Garden, Florida 34787 President
Albert Ferrer: 5464-8 East Michigan Street Orlando, Florida 32812 Vice-President
Michael R. Lewis: 2622 Hartwood Pines Way Clermont, Florida 34710 Secretary
Jeffrey S Haskel :1711 Wycliff St. Orlando, Florida 32803 Treasurer

ARTICLE VI REGISTERED AGENT

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

Paul C. Sorchy, II
17805 Bonnievista Court
Winter Garden, Florida 34787

ARTICLE VII INCORPORATOR

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

Paul C. Sorchy, II
17805 Bonnievista Court
Winter Garden, Florida 34787

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

Paul C Sorchy II — Signature/Registered Agent — 6/12/05 — Date

Paul C Sorchy II — Signature/Incorporator — 6/12/05 — Date