

POS000112569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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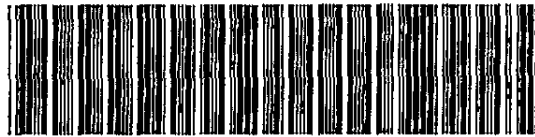
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/05--01058--001 **97/05

05 AUG 12 PM 2:09

POS-37404

TRANSMITTAL LETTER

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

SUBJECT: Cedrick Chiropractic & Rehabilitation Center, 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: Yvonne Jacques
Name (Printed or typed)

2673 Daley Ct
Address

Orlando FL 32810
City, State & Zip

407-367-9058
Daytime Telephone number

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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: Y & A Family chiropractic Center Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1107 Delaware ave
Ft Pierce FL 34946

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Is to conduct any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 2 Yone Jacques 50% share
Amos NOMBRE 50% share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Yone Jacques 2673 SLATEY of aland F/32819. president
Amos NOMBRE 5539 HOLLOW OAK Rd Aland F/32808
vice president

ARTICLE VI REGISTERED AGENT

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

Fredrick Cepote
7400 Silver lace Ln 415
Orlando FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Amos NOMBRE
5535 Hollow Oak Rd
Orlando FL 32808

FILED
CLERK OF DISTRICT COURT
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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

Fredrick Cepote

Signature/Registered Agent

8/11/05

Date

Amos NOMBRE

Signature/Incorporator

Amos NOMBRE

08/06/05

Date