

POS000113734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

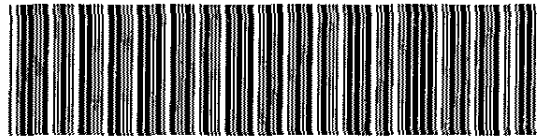
(Business Entity Name)

(Document Number)

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

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2005 AUG 15 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton AUG 17 2005

## TRANSMITTAL LETTER

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

SUBJECT: Nevin H Grushka 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: Nevin H. Grushka  
Name (Printed or typed)  
2041 University Dr  
Address  
Orlando Springs FL 33071  
City, State & Zip  
954-344-4393  
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**

**ARTICLE I NAME**

The name of the corporation shall be:

Nevin H. Grushka DC PA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2041 University Dr. Coral Springs FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

provide Chiropractic service

**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. Nevin Grushka, owner  
2041 University Dr  
Coral Springs FL 33071

**ARTICLE VI REGISTERED AGENT**

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

Donald Grushka  
1666 NW 111 th Way  
Coral Springs FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Nevin Grushka  
2041 University Dr Coral Springs FL 33071

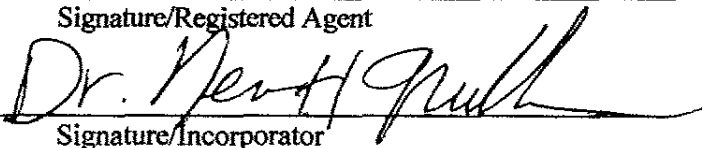
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/8/05

Date



Signature/Incorporator

8.8.05

Date