

P05000115352

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 8-19

## TRANSMITTAL LETTER

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

SUBJECT: eednic 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: MANUELLA JOSEPH  
Name (Printed or typed)

2012 AVALON RD.  
Address

Sebring FL 33870-1505  
City, State & Zip

407-367-9058  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 8, 2005

MANUELLA JOSEPH  
2012 AVALON RD.  
SEBRING, FL 33870-1505

SUBJECT: CEDRIC CHIROPRACTIC & REHABILITATION CENTER INC  
Ref. Number: W05000037392

We have received your document for CEDRIC CHIROPRACTIC & REHABILITATION CENTER INC and your check(s) totaling \$87.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 705A00050854

# 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: Cetric Chiropractic & Rehabilitation Center Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4141 hwy 27 North suit 3  
Sebring FL 33870

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Conduct any lawful business

## ARTICLE IV SHARES

The number of shares of stock is: (2) Amos Nambre  
Manuella Joseph

90% share  
10% share

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## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CEO Amos Nambre 5539 Hollow Oak Rd Orlando FL 32808  
CFO Manuella Joseph 2012 Aviation Rd Sebring FL 32870

## ARTICLE VI REGISTERED AGENT

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

Sergo Lindor  
5537 Wolf Rd Orlando FL 32808

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Amos Nambre

5539 Hollow Oak Rd Orlando FL 32808

\*\*\*\*\*

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

Sergo Lindor  
Signature/Registered Agent

08/13/05  
Date

Amos Nambre  
Signature/Incorporator

08/13/05  
Date