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COVER LETTER

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

SUBJECT:	Chirophac (PROPOSED CORPORA)		Call Inc.
Enclosed are an orig	ginal and one (1) copy of the artic \$78.75 Filing Fee	eles of incorporation and \$78.75 Filing Fee	a check for: \$87.50 Filing Fee,
74.31.01	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Name (Seu A. C Printed or typed) Little Ac	
	Ebro	ddress	2437
	404	326 -	1010

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)				
The name of the corporation shall be: Chiropractic On Ca	II, Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Ebvo, FL 3	Acre Rd. 2437			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide on Ca	Il chiropractic			
ARTICLE IV SHARES The number of shares of stock is:	FILE 05 OCT -3 SECKETAKY TALLAHASSE			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President - Lindsey A. Crawley 5419 Little Acre Rd. Ebro, FL 32437	-ILED -3 AM 9: 26 VARY OF STATE ASSEE, FLORIDA			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent	is:			
Lindson A. Crawley 5419 Little Acre Rd.J Ebro, FL 32437				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is: Lindsey 5419 Little Acre Rd.				
Ebro FL 32437	نگ وی این بای			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, fram familiar with and accept the appointment as registered agent and agree to act in this capacity				
Firster Manuelly Signature/Registered Agent	0/2005 Date 0/2005			
Signature/Incorporator 9/3c) /2105 Date			