

P06000019029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

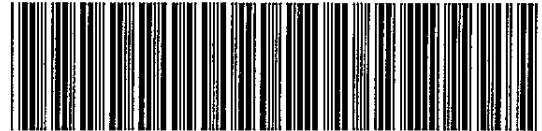
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06 FEB -6 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 10 2006

COVER LETTER

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

SUBJECT: Hobbs 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: David T. Hobbs
Name (Printed or typed)

5627 Gulfport Blvd. S.
Address

Gulfport, Fl. 33707
City, State & Zip

(727) 384-6025
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)

ARTICLE I NAME

The name of the corporation shall be:

Hobbs Chiropractic Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5627 Gulfport Blvd. S.
Gulfport, Fl. 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

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):

David T. Hobbs
5627 Gulfport Blvd. S.
Gulfport, Fl. 33707

ARTICLE VI REGISTERED AGENT

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

David T. Hobbs
5627 Gulfport Blvd. S.
Gulfport, Fl. 33707


David T. Hobbs

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David T. Hobbs
5627 Gulfport Blvd. S.
Gulfport, Fl. 33707


David T. Hobbs

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


Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/06
Date

2/1/06
Date