

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000141395 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124

Fax Number : (305) 675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

ANGEL CHIROPRATIC CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

1 of I

850-205-0381

5/24/200B 2:38 PA

PAGE 001/001

Florida Dept of State



May 24, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

A 1 A CORPORATE SERVICES, INC.

SUBJECT: ANGEL CHIROPRATIC CARE INC.

REF: W06000024010

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filing Section FAX Aud. #: H06000141395 Letter Number: 006A00036480 06 HAY 24 PH 1:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

H060001413953

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: ANGEL CHIROPRACTIC CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is : PO BOX 7111 FT MYERS FL 33911

ARTICLE III PURPOSE

The purpose for which the corporation is organized

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

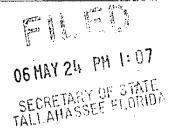
The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is: DIRECTOR:
DIEULA NORELIEN
4637 AMHERST COURT
FT MYERS FL 33907

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: DIEULA NORELIEN 4637 AMHERST COURT FT MYERS FL 33907



H060001413953

PAGE 2 ANGEL CHIROPRACTIC CARE INC.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: **DIEULA NORELIEN** 4637 AMHERST COURT FT MYER\$ FL 33907

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.

DIEULA NORELIEN /Incorporator

Date