

PO60000786588

(Requestor's Name)

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MAIL

(Business Entity Name)

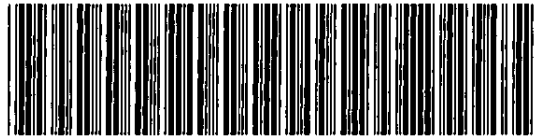
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2006 JUN 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JUN 27 2006

COVER LETTER

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

SUBJECT: TRINITY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Trinity Chiropractic, Inc
Name (Printed or typed)

1890 Kingsley Avenue, #116
Address

Orange Park, Florida 32073
City, State & Zip

770-560-0423
Daytime Telephone number

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



RECEIVED

FLORIDA DEPARTMENT OF STATE JUN 27 PM 4:10
Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 14, 2006

TRINITY CHIROPRACTIC
1890 KINGSLWY AVE
116
ORANGE PARK, FL 32073

SUBJECT: TRINITY CHIROPRACTIC, INC.
Ref. Number: W06000027218

We have received your document for TRINITY CHIROPRACTIC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000010472 (TRINITY CHIROPRACTIC, P.A.).

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 206A00040432

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:

TRINITY CHIRO. CARE, INC. TRINITY CHIRO. CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1890 Kingsley Avenue, # 116, Orange Park, FL 32073

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):

Owner - Sue Audette, DC, 1890 Kingsley Avenue # 116, Orange Park, FL 32073

ARTICLE VI REGISTERED AGENT

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

Robert Bernard, 1890 Kingsley Avenue, # 116, Orange Park, FL 32073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

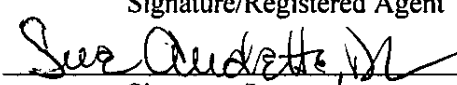
Sue Audette, DC

1890 Kingsley Avenue # 116, Orange Park, FL 32073

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

6-12-06
Date


Signature/Incorporator

6/12/06
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUN 27 PM 4:20

FILED