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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Jax Chiropractic Office Inc.**

Certificate of Status	1
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Jax Chiropractic Office Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Jax Chiropractic Office Inc.**

**4270 Aloma Avenue, Suite 162**

**Winter Park, FL 32792**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jeffrey Wechsler**

**4270 Aloma Avenue, Suite 162**

**Winter Park, FL 32792**

*Prepared By:*

**Bruce B. Hubbard**

**77 East John St.**

**Hicksville, New York 11801**

**(516) 935-3940**

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Jeffrey Wechsler- 4270 Aloma Avenue, Suite 162, Winter Park, FL 32792 - Director**


**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Jeffrey Wechsler- 4270 Aloma Avenue, Suite 162, Winter Park, FL 32792**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of July 2006.

A handwritten signature in black ink, appearing to read 'Jeffrey Wechsler', written over a horizontal line.

**Jeffrey Wechsler - Signature**

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Jax Chiropractic Office Inc.

2. The name and address of the registered agent and office is:

Jeffrey Wechsler

Name

4270 Aloma Avenue, Suite 162

(P.O. Box or Mail Drop Box NOT Acceptable)

Winter Park, FL 32792

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*



Jeffrey Wechsler  
SIGNATURE

July 13, 2006

(Date)

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