

# **Electronic Articles of Incorporation For**

**P06000141819**  
**FILED**  
**November 09, 2006**  
**Sec. Of State**  
jshivers

BEST CARE CHIROPRACTIC & THERAPY CENTER INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

BEST CARE CHIROPRACTIC & THERAPY CENTER INC

## **Article II**

The principal place of business address:

184 KIRKWOOD ST  
NAPLES, FL. US 34145

The mailing address of the corporation is:

184 KIRKWOOD ST  
NAPLES, FL. US 34145

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

The number of shares the corporation is authorized to issue is:

500

## **Article V**

The name and Florida street address of the registered agent is:

MONICA DIAZ  
184 KIRKWOOD ST  
NAPLES, FL. 34145

I certify that I am familiar with and accept the responsibilities of registered agent.

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Registered Agent Signature: MONICA DIAZ

### **Article VI**

The name and address of the incorporator is:

MONICA DIAZ  
184 KIRKWOOD ST

NAPLES, FL 34145

Incorporator Signature: MONICA DIAZ

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
MONICA DIAZ  
184 KIRKWOOD ST  
NAPLES, FL. 34145 US

Title: VP  
LAURA SOTO  
4110 ENTERPRISE AVE  
NAPLES, FL. 34104 US

### **Article VIII**

The effective date for this corporation shall be:

11/09/2006