

PO6000/56743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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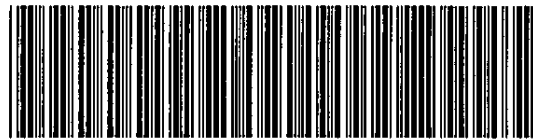
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/06/06--01003--012 **70.00

FILED
06 DEC 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
12/27

1706-48626

COVER LETTER

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

SUBJECT: Buzzella Chiropractic & Rehabilitation, PA
(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~~ *NO*
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ernest Buzzella Jr
Name (Printed or typed)

4156 Central Sarasota Parkway, #817
Address

Sarasota, FL 34238
City, State & Zip

941-966-1414
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

→ TENS ENT. (DISOLVE)

DOWNLOAD DISSOLUTION FOR
L DOWNLOAD FORMS
L ARTICLES OF
DISSOLUTION

November 6, 2006

PA. →

ERNEST BUZZELLA, JR.
4156 CENTRAL SARASOTA PARKWAY
#817
SARASOTA, FL 34238

SUBJECT: BUZZELLA CHIROPRACTIC & REHABILITATION, PA
Ref. Number: W06000048626

We have received your document for BUZZELLA CHIROPRACTIC & REHABILITATION, PA 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 specific business purpose of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 706A00065439

PLS SEE REVISIONS NEXT PG

RECEIVED

06 DEC 26 PM 4: 09

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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:

~~Buzzella Chiropractic & Rehabilitation, PA~~ CHIROPRACTOR, DR. E.J. BUZZELLA, DC, MS, PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2510 Tamiami Trail, Suite B
Nokomis, FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Any and all lawful business~~ CHIROPRACTIC CLINIC

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ernest Buzzella Jr.
4156 Central Sarasota Parkway, #817
Sarasota, FL 34238

ARTICLE VI REGISTERED AGENT

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

Ernest Buzzella Jr.
4156 Central Sarasota Parkway, #817
Sarasota, FL 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ernest Buzzella Jr.
4156 Central Sarasota Parkway, #817
Sarasota, FL 34238

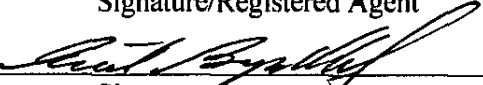
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TALLAHASSEE, FLORIDA

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

11/01/06

Date


Signature/Incorporator

11/01/06

Date