# Division of 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.

(((H07000030946 3)))



H070000309463ABC\$

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

Division of Corporations

Fax Number : (850) 205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071,001002335

Phone : (305)599-0839
Fax Number : (305)716-0346

## FLORIDA PROFIT/NON PROFIT CORPORATION

PALM SPRINGS CHIROPRACTIC CLINIC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

CANNOT NAME A COLUMN COMPANION DE LA COLUMN DE L'ANNOTATION DE LA COLUMN CONTRACTOR DE L'ANNOTATION DE L'ANNOT



# Articles of Incorporation of PALM SPRINGS CHIROPRACTIC CLINIC, INC.

#### Article I. Name

The name of this Fiorida corporation is:
PALM SPRINGS CHIROPRACTIC CLINIC, INC.

#### Article II. Address

The mailing address of the Corporation is:

PALM SPRINGS CHIROPRACTIC CLINIC, INC. 685 PALM SPRINGS DRIVE, #1C ALTAMONTE, FL 32701

#### Article III. Capital Stock

The Corporation shall have the authority to issue 100 shares of common stock, par value \$1.00 per share.

#### Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

YASER MUSSA 685 PALM SPRINGS DRIVE, #1C ALTAMONTE, FL 32701

#### Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors are:

President - Yaser Mussa - 685 Palm Springs Dr., #1C, Alternante, FL 32701

Prepared by:

Lester Barreras, C.P.A., P.A. - 1987 N.W. 88 Ct., Ste. 201, Doral, FL 33172 (305)477-1988

SECRETARY OF STATE



The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

### Article VII. Incorporator

The name and address of the incorporator is:

YASER MUSSA 685 PALM SPRINGS DRIVE, #1C **ALTAMONTE, FL 32701** 

Article VIII. Corporate Existence

The corporate existence of the Corporation shall be effective upon filing.

The authorized representative of the incorporator executed the Articles of Incorporation on February 2 2007

**President** 

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

**CORPORATION:** PALM SPRINGS CHIROPRACTIC CLINIC, INC.

REGISTERED AGENT: YASER MUSSA 685 PALM SPRINGS DRIVE, #1C ALTAMONTE, FL 32701

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Registered Agent