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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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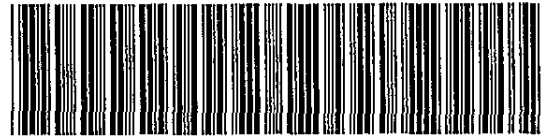
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

141

TRANSMITTAL LETTER

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

SUBJECT: Dr Carl F Adams Chiropractor Physician, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cr Carl F Adams Chirporactor Physician, Inc.

Name (Printed or typed)

4549 Grand Blvd

Address

New Port Richey, FL 34652

City, State & Zip

727-842-4476

Daytime Telephone number

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

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:

Dr Carl F Adams Chiropractor Physician, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4549 Grand Blvd
New Port Richey, FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractor

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):

Dr Carl F Adams
4549 Grand Blvd
New Port Richey, FL 34652
President

ARTICLE VI REGISTERED AGENT

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

Dr Carl F Adams
4549 Grand Blvd
New Port Richey, FL 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr Carl F Adams
4549 Grand Blvd
New Port Richey, FL 34652

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

2/15/07

Date



Signature/Incorporator

2/15/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA