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SECRETARY OF STATE

1/4

COVER LETTER

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

SUBJECT: DARDANO C	HIROPRAC	TIC IN		
(PROPOSED CORPORA' Enclosed are an original and one (1) copy of the artic	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)		
\$70.00 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Michael J. Dardanu D.C. Name (Printed or typed) 3430 W. LAMBRIGHT ST STE#101 Address				
TAMPA, F1 33614 City, State & Zip				

(S13) S15-7908

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)

AR	TICLE I	NAME

The name of the corporation shall be:

DARDANO CHIROPRACTIC INC.

ARTICLE II PRINCIPAL OFFICE

3430 W. CAMBRIGHT St. Stc#101

The principal place of business/mailing address is:

TAMPA, 41 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of the

Chiropractic Physician

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL J. DARDAND

President 3536 BENERAID ST VICE President Land O'Lakes, F1 34638 Secretary

Trasurer

ARTICLE VI REGISTERED AGENT

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

MICHAEL J. DARDAND D.C.
3430 W. LAMBRIGHT ST STE#10/

TAMPA, +1 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL J. DARDANO D.C. 3430 W. LAMBRIGHT ST. STE \$101

TAMPA, \$1 34638

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