

P07000092370

(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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505
W07-38828



000106293680

08/09/07--01009--009 **128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 16 AM 9:30

158 8/17/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 16 AM 9:30

TRANSMITTAL LETTER

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

SUBJECT: Team Lopez Chiropractic

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: Nasly M. Lopez
Name (printed or typed)

1303 Pinewood Lane
Address

Ocoee, Florida 34761
City, State & Zip

678-467-3664
Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 16 AM 9:30

August 9, 2007

NASLY M. LOPEZ
1303 PINWOOD LANE
OCOEE, FL 34761

SUBJECT: TEAM LOPEZ CHIROPRACTIC
Ref. Number: W07000038828

We have received your document for TEAM LOPEZ CHIROPRACTIC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 107A00048948

RECEIVED

07 AUG 16 PM 12:59

CERTIFICATE OF DOMESTICATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The undersigned, Nasly M. Lopez, President
(Name) (Title) **07 AUG 16 AM 9:30**

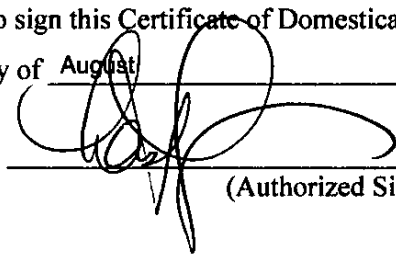
of Nasly M. Lopez, DC, PC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 22, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Nasly M. Lopez, DC, PC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Team Lopez Chiropractic, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was
3108 Piedmont Road Suite 212 Atlanta, Georgia 30305
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the President, of Team Lopez Chiropractic, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 7th day of August, 2007.



(Authorized Signature)

Filing Fee:

| | |
|--|-----------------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file | <u>\$128.75</u> |

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 16 AM 9:30

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Team Lopez Chiropractic, INC.®

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1303 Pinewood Lane
Ocoee, Florida 34761

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Chiropractic Services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

10,000 shares of common stock having \$1.00 par value

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Nasly M. Lopez, President
1303 Pinewood Lane Ocoee, Florida 34761
Francisco Lopez, Vice President
1303 Pinewood Lane Ocoee, Florida 34761

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Nasly M. Lopez
1303 Pinewood Lane
Ocoee, Florida 34761

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Nasly M. Lopez
1303 Pinewood Lane
Ocoee, Florida 34761

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date

8/7/07

Signature/Incorporator

Date

8/7/07