

207000096594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

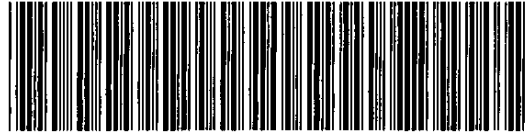
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Sinters AUG 29 2007

COVER LETTER

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

SUBJECT: Chiro Medical Spa 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: Jeffrey Feiler
Name (Printed or typed)

5417 WEST ATLANTIC Blvd
Address

MARLBATE FL 33063
City, State & Zip

954 979-2333
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Chiro Medical Spa Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5417 West Atlantic Blvd. Margate Fl. 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform spa procedures to include but not limited to IPL procedures, facials, massage therapy anti aging medicine, microdermabrasion,

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):

Pres Clifford Fruithandler 5417 W. Atlantic Blvd Margate Fl. 33063
Co Pres. Jeffrey Feiler 5417 W. Atlantic Blvd Margate Fl. 33063

ARTICLE VI REGISTERED AGENT

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

Jeff Feiler 5417 W. Atlantic Blvd Margate Fl. 33063

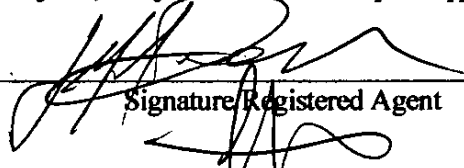
ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Cliff Fruitahndler 5417 W. Atlantic Blvd Margate Fl. 33063

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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


Signature/Incorporator

8/22/07

Date
8/22/07

Date