

P07000132974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

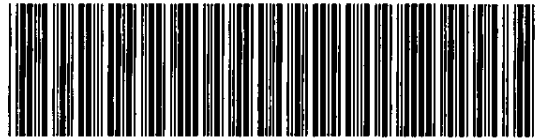
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS 12/18/07

COVER LETTER

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

SUBJECT: DR. NICK WASLYN, DC, P.A.
(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: DR. NICK WASLYN
Name (Printed or typed)

4406 SOUTH FLORIDA AVE, SUITE 19
Address

LAKELAND, FL 33813
City, State & Zip

863-701-0109
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)

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ARTICLE I NAME

The name of the corporation shall be:

DR NICK WASLYN, DC, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4406 SOUTH FLORIDA AVE, SUITE 19
LAKELAND, FL 33813

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CHIROPRACTIC SERVICES AND OTHER LAWFUL SERVICES
IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1,000 COMMON - \$1.00 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NICK WASLYN PRESIDENT/SECRETARY
6670 CHADRON CT.
LAKELAND, FL 33813

ARTICLE VI REGISTERED AGENT

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

NICK WASLYN
6670 CHADRON CT
LAKELAND, FL 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NICK WASLYN
6670 CHADRON CT
LAKELAND, FL 33813

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

✓ Nick Waslyn
Signature/Registered Agent

✓ 12-14-07
Date

✓ Nick Waslyn
Signature/Incorporator

✓ 12-14-07
Date

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TALLAHASSEE, FLORIDA