

PD8800006256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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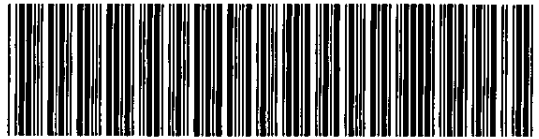
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MRD
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FILED
08 JAN 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Absolute Wellness Chiropractic Center 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: Daniel L. Clark, CPA

Name (Printed or typed)

605 BELVEDERE RD. SUITE 6

Address

West Palm Beach, FL 33405

City, State & Zip

561 820-9219

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:

Absolute Wellness Chiropractic Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1870 Forest Hill Blvd., Suite 101

West Palm Beach, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Services

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Katie O'Neill - President

1870 Forest Hill Blvd. Suite 101

West Palm Beach, FL 33406

ARTICLE VI REGISTERED AGENT

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

Katie O'Neill

1870 Forest Hill Blvd. Suite 101

West Palm Beach, FL 33406

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katie O'Neill

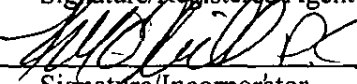
1870 Forest Hill Blvd. Suite 101

West Palm Beach, FL 33406

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

FILED

08 JAN 17 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-14-08

Date

1-14-08

Date