

00800011148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/30
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COVER LETTER

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

SUBJECT: Tampa Chiropractic and Rehab 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: Elliot M Rivera D.C.

Name (Printed or typed)

5300 Windingbrook Trail

Address

Wesely Chapel, FL 33544

City, State & Zip

305-898-3600

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:

Tampa Chiropractic and Rehab Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4023 N Armenia Ave. Suite 470

Tampa, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 at 1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President/ Director

Elliot M Rivera

4023 N Armenia Ave. Suite 470

Tampa FL 33607

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ARTICLE VI REGISTERED AGENT

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

Elliot Rivera
26308 Wesely Chapel Blvd
Lutz, FI 33559

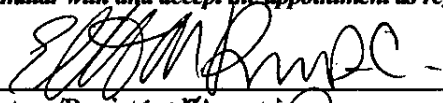
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ARTICLE VII INCORPORATOR

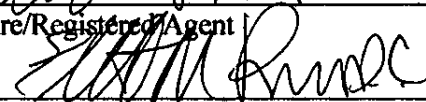
The name and address of the Incorporator is:

Elliot Rivera
5300 Windingbrook trail
Wesley Chapel, FI 33544

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

| | | |
|------|----|----|
| 1 | 25 | 08 |
| Date | | |
| 1 | 25 | 08 |
| Date | | |