

P08000014851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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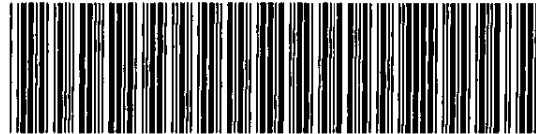
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 FEB -8 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 11 2008

## COVER LETTER

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

**SUBJECT:** Tacti Chiropractic, 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:** Dr. Lundy Tacti D.C.

Name (Printed or typed)

69 Loggerhead Court

Address

Ponce Inlet, FL 32127

City, State & Zip

(386)334-2152

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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:

Tacti Chiropractic, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

69 Loggerhead Court  
Ponce Inlet, FL 32127

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chiropractic Clinic

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dr. Lundy Tacti, Owner  
Chiropractic Physician  
69 Loggerhead Court  
Ponce Inlet, FL 32127

**ARTICLE VI REGISTERED AGENT**

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

Dr. Lundy Tacti  
69 Loggerhead Ct.  
Ponce Inlet, FL 32127

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Lundy Tacti  
69 Loggerhead Ct  
Ponce Inlet, FL 32127

\*\*\*\*\*

*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*

Dr. Lundy Tacti  
Signature/Registered Agent

1-15-08  
Date

Dr. Lundy Tacti  
Signature/Incorporator

1-15-08  
Date