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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

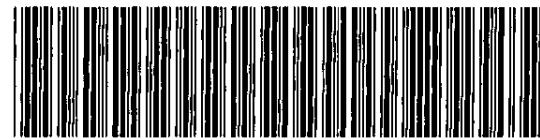
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEARCH JAN 1 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/mailing 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