

PO8000024471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

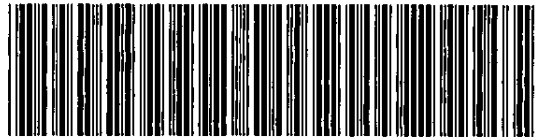
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08-10001

Office Use Only

[Signature]
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02/25/08--01055--007 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR -7 PM 1:08

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2008

LARRY VASSILAKIS
5311 GEORGIA PEACH AVENUE
PORT ORANGE, FL 32128

SUBJECT: ALL CARE CHIROPRACTIC CENTER INC
Ref. Number: W08000010061

We have received your document for ALL CARE CHIROPRACTIC CENTER INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000004233 - ALL CARE CHIROPRACTIC CENTER, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 508A00011921

RECEIVED
08 MAR -7 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: All Care Chiropractic & Wellness 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Harry Vassilakis
Name (Printed or typed)

5311 Georgia Peach Avenue
Address

Port Orange Florida 32128
City, State & Zip

3862128612
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:

All Care Chiropractic & Wellness Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
70 Spring Vista suite 3/c
DeBary Florida 32713

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:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harry Vassilakis, CEO
5311 Georgia Peach Avenue
Port Orange Florida 32128

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

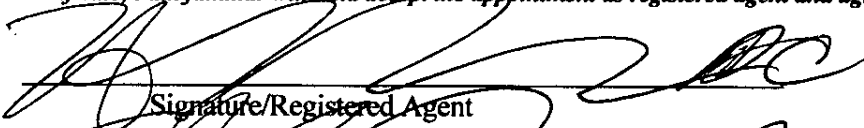
Harry Vassilakis
5311 Georgia Peach Avenue
Port Orange Florida 32128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Harry Vassilakis
5311 Georgia Peach Avenue
Port Orange Florida 32128

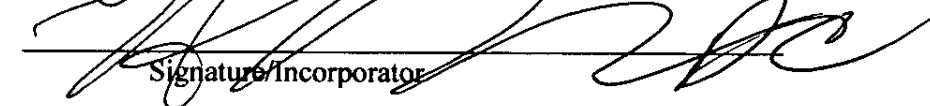
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/1/2008

Date



Signature/Incorporator

3/1/2008

Date

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TALLAHASSEE, FLORIDA

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