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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR - 7 PM 4:47

APPROVED
AND
FILED

W08-15122

Rm 4/7/08

COVER LETTER

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

SUBJECT: Individual Chiropractic Consulting Corp.P.C.

(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: Robert Earl Bowen, D.C.

Name (Printed or typed)

8 Copaire Road

Address

Stuart FL 34996

City, State & Zip

772)403-3114 or 772)214-2190

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2008

ROBERT EARL BOWEN DC
8 COPAIRE RD
STUART, FL 34996

SUBJECT: INDIVIDUAL CHIROPRACTIC CONSULTING CORPORATION P.C.
Ref. Number: W08000015122

We have received your document for INDIVIDUAL CHIROPRACTIC CONSULTING CORPORATION P.C. 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 only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please remove the suffix of "Corporation P.C." and add the appropriate suffix.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 808A00017384

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:

Individual Chiropractic Consulting P.A.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

8 Copaire Road
Stuart Fl 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render professional practice management services to individual/group/solo chiropractic practices and or doctors of chiropractic or chiropractic assistants.

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):

Robert Earl Bowen
8 Copaire Road
Stuart Fl 34996

Betty J. Bowen
8 Copaire Road
Stuart Fl 34996

ARTICLE VI REGISTERED AGENT

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

Robert Earl Bowen, D.C.
8 Copaire Road
Stuart Fl 34996

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Earl Bowen, D.C.
8 Copaire Road
Stuart Fl 34996

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

Robert Earl Bowen D.C.

Signature/Registered Agent

4/02/08

Date

Robert Earl Bowen D.C.

Signature/Incorporator

4/02/08

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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