

# P08000047398

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

gifted hands chiropractic, inc.

Certificate of Status	0
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 DIVISION OF CORPORATION

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CERTIFICATE OF INCORPORATION  
OF  
GIFTED HANDS CHIROPRACTIC, INC.

The undersigned subscribers to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation is GIFTED HANDS CHIROPRACTIC, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.00.

ARTICLE V

TERM OF EXISTENCE

This corporation is to exist perpetually.

*Prepared By:*

*Paul Franson*

*150 S University Drive, Suite C*

*Plantation, FL 33324*

*(954) 450-9906*

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## ARTICLE VI

### ADDRESS

The initial office address of the principal office of this corporation in the State of Florida is 17874 46th Court N, Loxahatchee, FL 33470. The Board of Directors may from time to time move the principal office to another address in Florida.

## ARTICLE VII

### DIRECTORS

This corporation shall have not less than one director; however, the number of directors may be increased or diminished from time to time by By-laws adopted by the stockholders, but shall never be less than one.

## ARTICLE VIII

### INITIAL DIRECTORS AND OFFICERS

The names and post office addresses of the members of the first Board of Directors and the initial corporate officer is:

Office	Name	Address
President/Secretary	Osly Philistin	17874 46th Court N Loxahatchee, FL 33470

ARTICLE IX

SUBSCRIBER

The name and post office address of the subscriber of these articles of incorporation, the number of shares of stock that he agrees to take and the value of the consideration therefore is:

Name	Address	Shares	Consideration
Osly Philistin	17874 46th Court N Loxahatchee, FL 33470	100%	\$100

ARTICLE X

AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation made.

ARTICLE XI

REGISTERED OFFICE AND REGISTERED AGENT

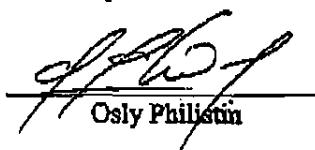
That GIFTED HANDS CHIROPRACTIC, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the City of Loxahatchee, the County of Polk, State of Florida, hereby designates Osly Philistin, as registered agent, to accept services within the State. The registered office of the corporation shall be: 17874 46th Court N, Loxahatchee, FL 33470.

ARTICLE XII  
INCORPORATOR

The name and street address of the incorporator is:

NAME	ADDRESS
Osly Philistin	17874 46th Court N Loxahatchee, FL 33470

WITNESS the hand and seal of the incorporator in Polk County, State of Florida, this 24 day  
of April 2008.



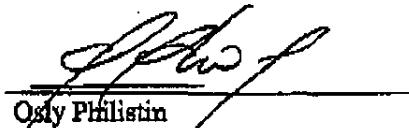
Osly Philistin

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY  
BE SERVED**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

**FIRST:** That GIFTED HANDS CHIROPRACTIC, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Loxahatchee, State of Florida, has named Osly Philistin, as its Agent to accept service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



\_\_\_\_\_  
Osly Philistin

Date: April 24, 2008

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**CERTIFICATE OF DESIGNATION  
REGISTERED OFFICE/REGISTERED AGENT**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is GIFTED HANDS CHIROPRACTIC, INC.
2. The name and address of the registered agent and office is:

Osky Philistin  
17874 46th Court N  
Loxahatchee, FL 33470

*[Signature]*  
Osky Philistin  
08 MAY - 9 PM 11 06  
F I L E D  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Date: April 24, 2008

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*[Signature]*  
Osky Philistin

Date: April 24, 2008

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