

PO8000057929

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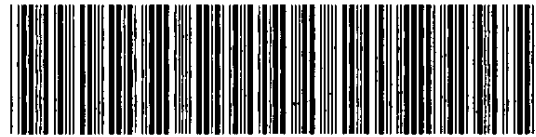
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2008 JUN 13 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Dr. Sandy Bravar D.C., P.A.

(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: Sandy Bravar

Name (Printed or typed)

8925 Okeechobee Boulevard #302

Address

West Palm Beach, Florida 33411

City, State & Zip

(201) 906-7566

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2008

SANDY BRAVAR
8925 OKECHOBEE BOULEVARD
#302
WEST PALM BEACH, FL 33411

SUBJECT: DR. SANDY BRAVAR D.C., P.A.
Ref. Number: W08000028233

We have received your document for DR. SANDY BRAVAR D.C., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) II.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 908A00035694

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:

Dr. Sandy Bravar D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

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

8925 Okeechobee Blvd Apt 302
West Palm Bch FL 33411**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Doctor of Chiropractic

ARTICLE IV SHARES

The number of shares of stock is:

10

(no par value)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Sandy Bravar D.C. - President/ Secretary/ Treasurer
8925 Okeechobee Boulevard #302
West Palm Beach, Florida 33411**ARTICLE VI REGISTERED AGENT**


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

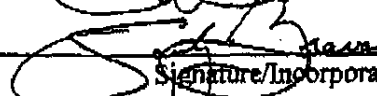
Dr. Sandy Bravar D.C.
8925 Okeechobee Boulevard #302
West Palm Beach, Florida 33411**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Sandy Bravar D.C.
8925 Okeechobee Boulevard #302
West Palm Beach, Florida 33411

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 Sandy Bravar


 Signature/Incorporator
 Sandy Bravar

6-4-2008

Date

6-4-2008

Date

2008 JUN 13 PM 4:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED