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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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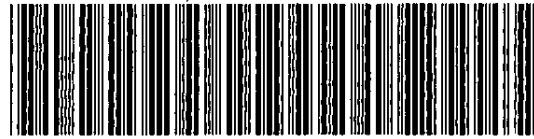
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 04 2008
WOP-35637
505

COVER LETTER

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

SUBJECT: SPINE FIRST
(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. SOYER O. KAYA, D.C.
Name (Printed or typed)

10096 MOSS ROSE WAY
Address

ORLANDO, FL - 32832
City, State & Zip

407-538-2111
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SPINE FIRST INC.

ARTICLE II PRINCIPAL OFFICE

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

10096 MOSS ROSE WAY, ORLANDO, FL. 32832

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. SOYER O. KAYA, D.C. CLINIC/MEDICAL DIRECTOR

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

DR. SOYER O. KAYA, D.C. 10096 MOSS ROSE WAY, ORLANDO, FL. 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. SOYER O. KAYA, D.C. 10096 MOSS ROSE WAY, ORLANDO, FL. 32832

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

7/21/08
Date


Signature/Incorporator

7/21/08
Date