

PD8000074863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

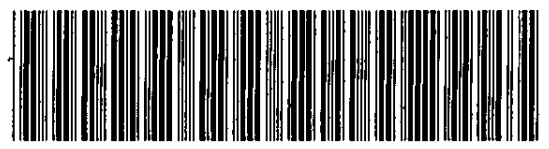
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/12

COVER LETTER

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

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

FROM: DAN L. BEAVER
Name (Printed or typed)

10525 99th STREET N.
Address

LARGO, FL 33773
City, State & Zip

727-398-0809
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WALLEN CHIROPRACTIC CENTRE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1034 BELCHER ROAD SOUTH
LARGO, FL 33771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IDA S. WALLEN . *PRESIDENT*
7475 DANBURY WAY
CLEARWATER, FL 33764

ARTICLE VI REGISTERED AGENT

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

IDA S. WALLEN
7475 DANBURY WAY
CLEARWATER, FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IDA S. WALLEN
7475 DANBURY WAY
CLEARWATER, FL 33764

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

IDA S. Wallen

Signature/Registered Agent

8.07.08

Date

IDA S. Wallen

Signature/Incorporator

8.07.08

Date