

PO8000096818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

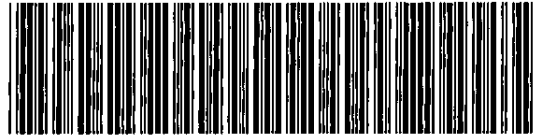
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VA

100-447778

## COVER LETTER

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

SUBJECT: SHEMANSKY CHIROPRACTIC, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Document #  
P01000018871

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. Chip Shemansky  
Name (Printed or typed)

3501 Health Center Blvd  
Address State 2130

Bonita Springs, FL 34135  
City, State & Zip

239-948-5727  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2008

DR. CHIP SHEMANSKY  
3501 HEALTH CENTER BLVD, SUITE 2130  
BONITA SPRINGS, FL 34135

SUBJECT: SHEMANSKY CHIROPRACTIC, P.A.  
Ref. Number: W08000047278

We have received your document for SHEMANSKY CHIROPRACTIC, P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the name of the registered agent in Article VI.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6962.

Valerie Herring  
Regulatory Specialist II

Letter Number: 708A00053721

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

08 OCT 28 PM 4: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

Shemansky Chiropractic, P.A.

**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:Chip Shemansky  
3501 Health Center Blvd Suite 2130  
Bonita Springs, FL 34135**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chiropractic / Medical

**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):

Chip Shemansky, Owner  
3501 Health Center Blvd, Suite 2130  
Bonita Springs, FL 34135**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Chip Shemansky  
3501 Health Center Blvd, Suite 2130  
Bonita Springs, FL 34135**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Chip Shemansky  
3501 Health Center Blvd, Suite 2130  
Bonita Springs, FL 34135\*\*\*\*\*  
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

Signature/Incorporator

10-9-8

Date

10-9-8

Date