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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: La Ruffa Chiropractic & Wellness Center, 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: _____
August J. La Ruffa
Name (Printed or typed)

_____ 654 West Indiantown Road, Suite 107
Address

_____ Jupiter, Florida 33458
City, State & Zip

_____ 561-745-1002
Daytime Telephone number

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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:

La Ruffa Chiropractic & Wellness Center, P.A.

ARTICLE II PRINCIPAL OFFICE

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

654 West Indiantown Road
Suite 107
Jupiter, Florida 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical services, including but not limited to chiropractic, massage, physical therapy, and acupuncture.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

August J. La Ruffa President
Stacy L. La Ruffa Vice President

ARTICLE VI REGISTERED AGENT

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

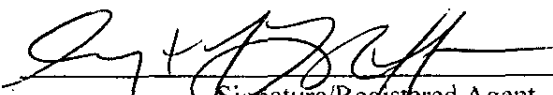
August J. La Ruffa
166 Via Rosina
Jupiter, Florida 33458

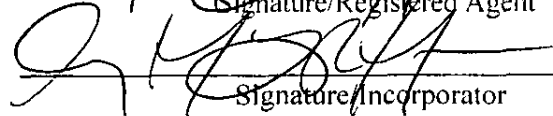
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

August J. La Ruffa
166 Via Rosina
Jupiter Florida 33458

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

12/02/08

Date
12/02/08

Date

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TALLAHASSEE, FLORIDA