

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6381

: A.A.AIT, CPA Account Name Account Number : J20000000192 : (407)298-3900 Phone

Fax Number : (407)298-0660

FLORIDA PROFIT/NON PROFIT CORPORATION

IGI MANAGEMENT GROUP, INC.

Certificate of Status	1
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Page Count	04
Estimated Charge	\$78.75

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T. Burch DEC 18 2009

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ARTICLES OF INCORPORATION

OF

IGI Management Group, INC.

200 DEC 17 PN 4: 20
SECRETARY OF STATE
TAIL ALLACES FISTAIRE

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME: IGI Management Group, INC.

PHYSICAL ADDRESS: 2745 Village Pine Terrace Orlando, FL 32833 MAILING ADDRESS: 2745 Village Pine Terrace Orlando, FL 32833

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name: Kesly Civil

Address: 2745 Village Pine Terrace

City: Orlando, FL 32833

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(S) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	Kesly Civil, PRESIDENT	W 78. 6. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1
Address:	2745 Village Rine Terrace	
City:	Orlando, FL 32833	

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of Incorporation are as follows:

Name:	Kesly Civil
Address:	2745 Village Pine Terrace
City:	Orlando, FL 32833
*****	************

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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

Kesly Civil / Registered Agent

12/08/2008

Date

12/08/2008

Kesly Civil / Incorporator

Date

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : A.A.ALI, CPA Account Number: 120000000192

Phone

: (407)298-3900

Fax Number

: (407)298-0660

FLORIDA PROFIT/NON PROFIT CORPORATION

IMAGINE CHUROPRACTIC, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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T. Burch DEC 18 2008 12/16/2008

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ARTICLES OF INCORPORATION OF Imagine Chiropractic, INC.



The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME: Imagine Chiropractic, INC.

PHYSICAL ADDRESS: 5761 S. Orange Blossom Trail Orlando, FL 32839 MAILING ADDRESS: 5761 S. Orange Blossom Trail Orlando, FL 32839

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name: Katherine Machara

Address: 3245 Post St.

City: Deltona, FL 32738

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(S) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	Katherine Machara, PRESIDENT
Address:	3245 Post St.
City:	Deltona, FL 32738

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of Incorporation are as follows:

Name:	Katherine Machara
Address:	3245 Post St.
City:	Deltona, FT, 32738
*****	*****

(((H08000274549 3)))

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

Katherine Machara / Registered Agent Date

Katherine Machara / Incorporator Date