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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Special Instructions to Filing Officer:				
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SECRUTARY OF STATE
SECRETARY OF STATE



COVER LETTER

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

SUBJECT: William	Perry Yapp , D.C,Inc (PROPOSED CORPO	RATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	✓ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:		lliam Perry Yapp, D.C. ne (Printed or typed)	
	1212 Idlewild Ave Address		
	Green Cove Springs, Florida 32043 City, State & Zip		
	Office 904-284-4868 Daytim	Cell 904-349-0	0938

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)

FILED

ARTICLE I

The name of the corporation shall be:

William Perry Yapp, D.C., Inc.,

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1212 Idlewild Avenue. Green Cove Springs, Florida, 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Chiropractic and Nutrition Clinic

SHARES ARTICLE IV

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

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

William Perry Yapp, D.C. Kay Monies Yapp

(President) (Secretary)

REGISTERED AGENT ARTICLE VI

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

Wehner Financial Services, LLC Marion U. Wehner, EA 515 College Drive Doctor's Inlet, Florida 32068

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: William Perry Yapp, D.C.

3579 Lawrence Road Orange Park, Fl. 32065

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