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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

Stephanie Fallon D.C. P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
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T. Burch FEB 16 2009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Stephanie Fallon D.C. P.A.

ARTICLE II PRINCIPAL OFFICE

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

700 C. S. Federal Hwy
Deerfield Beach FL 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of this business is to treat patients using chiropractic and physical therapy medical clinic.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephanie Fallon, President
700 C. S. Federal Hwy
Deerfield Beach FL 33441

ARTICLE VI REGISTERED AGENT

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

DR. Stephanie Fallon
700 C. S. Federal Hwy
Deerfield Beach FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. Stephanie Fallon
700 C. S. Federal Hwy
Deerfield Beach FL 33441

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



Stephanie Fallon/Registered Agent

2-13-09

Date



Signature/Incorporator

2-13-09

Date