

PO9000040428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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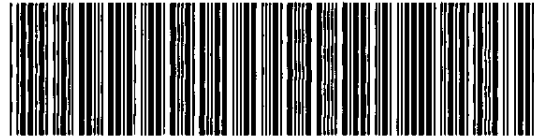
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/09--01041--008 **87.50

FILED
09 MAY -6 AM 11:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

12. Notarized MAY 07 2009

COVER LETTER

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

SUBJECT: Spinal Innervations, corp.
(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: Denise M. Ingrando
Name (Printed or typed)

58 Rickenbacker Dr.
Address

Palm Coast, FL 32164
City, State & Zip

386-852-5457
Daytime Telephone number

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: Spinal Innervations, Corp.

ARTICLE II PRINCIPAL OFFICE

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

58 Rickenbacker Dr.
Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Chiropractic services, etc
as a Professional Corporation.

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):

Denise Ingrando, President.
Stephen Ingrando, vice president

ARTICLE VI REGISTERED AGENT

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

58 Rickenbacker Dr.
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denise Marie Ingrando
58 Rickenbacker Dr.
Palm Coast, FL 32164

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

Denise M Ingrando

Signature/Registered Agent

4/24/09

Date

* Denise M Ingrando

Signature/Incorporator

4/24/09

Date

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TALLAHASSEE, FLORIDA