

P09888040549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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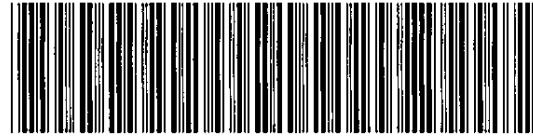
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAY -4 A 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-8-5
06/11

COVER LETTER

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

SUBJECT: My Spine Docs, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Brandon Hochman

Name (Printed or typed)

14323 Miramar Parkway

Address

Miramamr, Fl 33027

City, State & Zip

954-430-4210

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:

My Spine Docs , Corp

ARTICLE II PRINCIPAL OFFICE

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

14323 Miramar Parkway Miramar, Fl 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Medical

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brandon Hochman 14323 Miramar Parkway Miramar , Fl 33027 President

Lawrence Weiner 14323 Miramar Parkway Miramar , Fl 33027 Vice President

ARTICLE VI REGISTERED AGENT

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

Brandon Hochman 14323 Miramar Parkway Miramar , Fl 33027

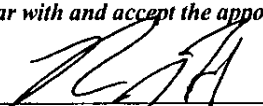
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brandon Hochman 14323 Miramar Parkway Miramar Fl 33027

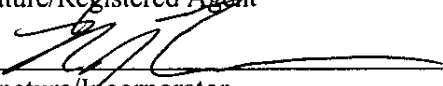
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date



Signature/Incorporator

Date