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(Requestor's Name)

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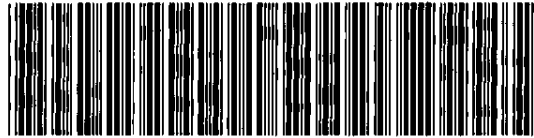
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Sawgrass Chiropractic Clinic of Ponte Vedra Beach
(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: Dr. Edgar Vesce
Name (Printed or typed)

925 16th St. North
Address

Jacksonville Beach, FL 32250
City, State & Zip

(904) 312-3129

Daytime Telephone number

dgcctr78@yahoo.com

edgarvesce@yahoo.com @

E-mail address: (to be used for future annual report notification)

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:

Sawgrass Chiropractic Clinic of Ponte Vedra Beach, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4 Sawgrass Village Dr., Suite 100
Ponte Vedra Beach, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve the community of Ponte Vedra Beach, FL through chiropractic medicine and physical therapy and other non-surgical procedures to promote health and wellness

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Edgar Vesce 925 16th St. North President
Jacksonville Beach, FL 32082

ARTICLE VI REGISTERED AGENT

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

Dr. Edgar Vesce 925 16th St. North
Jacksonville Beach, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Edgar Vesce 925 16th St. North
Jacksonville Beach, FL 32082

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

S. Vesce, D.C. Edgar Vesce, D.C.

Signature/Registered Agent

05/11/09

Date

S. Vesce, D.C. Edgar Vesce, D.C.

Signature/Incorporator

05/11/09

Date

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09 MAY 13 AM 10:18
SECRETARY OF STATE
JACKSONVILLE, FLORIDA