

P09000066728

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000177805 3)))



H090001778053ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

V V Chiropractic, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

09 AUG - 6 AM 10: 53

RECEIVED
DEPARTMENT OF STATE

09 AUG - 6 PM 3: 59

VH

09000177805-3

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:

V V CHIROPRACTIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

14323 MIRAMAR PKWY
MIRAMAR, FLORIDA 33027

The mailing address is:

PO BOX 17254
PLANTATION, FLORIDA 33318

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG -6 AM 10:53

APPROVED
AND
FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
VALERIA VALENZUELA
PO BOX 17254
PLANTATION, FLORIDA 33318

09000177805-3

09 AUG - 5 AM 10:53
09000177805.3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 V V CHIROPRACTIC, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

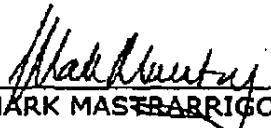
MARK MASTRARRIGO
16511 BLATT BOULEVARD #106
WESTON, FLORIDA 33326

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

VALERIA VALENZUELA
PO BOX 17254
PLANTATION, FLORIDA 33318

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.



MARK MASTRARRIGO / Registered Agent

8/4/09
Date



VALERIA VALENZUELA /Incorporator

8/4/09
Date

#-09000177805 3