

PO9000067902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

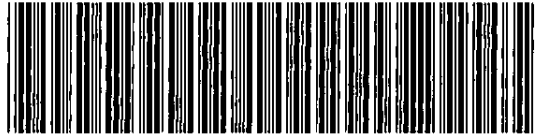
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
8/12

COVER LETTER

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

SUBJECT: Jacksonville Beach Chiropractic, Inc.
(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:

Edgar Vesce

Name (Printed or typed)

925 16th St. North

Address

Jacksonville Beach, FL - 32250

City, State & Zip

(904) 312-3129

Daytime Telephone number

DOCE TV 78 @ YAHOO.COM

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

NOTE: Please provide the original and one copy of the articles.

RECEIVED

AUG 07 2009

CIU REV/ADM

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:

Jacksonville Beach Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2441 Suite A South Third St.

Jacksonville Beach, FL. 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A health care facility offering chiropractic care, massage therapy, and physical therapy

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- Dr. Edgar Vesce

- 925 16th St. North, Jacksonville Beach, FL. 32250

- President

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. 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Edgar Vesce

925 16th St. North, Jacksonville Beach, FL. 32250

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



Signature/Incorporator

8/3/09

Date

8/3/09

Date

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TALLAHASSEE, FLORIDA