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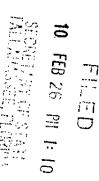
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: VELO CHIRO FIZIK, LNC.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
riginal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.75	1 \$70.75	D 007.50	
•		\$87.50 Filing Fee,	
& Certificate of Status	•	Certified Copy	
		& Certificate of	
		Status	
ADDITIONAL COPY REQUIRED			
FROM: EDUARDO KAMIREZ			
Name (Printed or typed)			
2473 SUI 147 AVE C 14T			
Address			
MIAMI FL. 33185			
City, State & Zip			
<u>305 910-7237</u>			
DARAMIREZ @ COMCAST. NET			
E-mail address: (to be used for future annual report notification)			
	(PROPOSED CORPORATION OF THE ARTICLE OF STATE OF	(PROPOSED CORPORATE NAME – MUST INCLI- riginal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status ### Address ###	

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:
VELO CHIRO FIZIK, INC.
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, if different is:
2423 S.W-147 AVE_ SUITE 145
MIAMI, FL- 33185
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
MEDICAL AND CHIROPRACTIC SERVICES
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):
EDUARDO RAMINEZ PRESIDENT & SECRETARY 2423 S-W- 147 AVE. SUITE 145
2423 S-W-147 AVE. SUITE 145 XXX 8 F
MIAMI, FL. 33/83
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NCT acceptable) of the registered agent is:
EDUARDO RAMIREZ
2423 S-W-147 AVE. SUITE 145
MIAMI, FL. 33185
ARTICLE VIIINCORPORATOR
The <u>name and address</u> of the Incorporator is:
The <u>name and address</u> of the Incorporator is: EDUARDO KAMIREZ ZYZ3 S-W. 147 AVE. SUITE 145
MIAMI II 22185
MIAMI, FL. 33185
Having been named as registered agent to accept service of process for the above stated corporation at th
place designated in this certificate, I am familiar with and accept the appointment as registered agent an
agree to act in this capacity
Signature/Registered Agent Date
Signature/Registered Agent Date
2-23-10
Signature/Incorporator Date