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Florida Department of State
Division of Corporations
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10 MAY - 4 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
VINELAND CHIROPRACTIC CENTER, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION
OF
VINELAND CHIROPRACTIC CENTER, INC**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME: VINELAND CHIROPRACTIC CENTER, INC

PHYSICAL ADDRESS: 6001 VINELAND RD STE 109 ORLANDO, FL 32819

MAILING ADDRESS: 6001 VINELAND RD STE 109 ORLANDO, FL 32819

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name: SUSAN ALLISON SOMMERS
Address: 6001 VINELAND RD STE 109
City: ORLANDO, FL 32819

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name: SOSAN ALLISON SOMMERS, PRESIDENT
Address: 6001 VINELAND RD STE 109
City: ORLANDO, FL 32819

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of incorporation are as follows:

Name: SUSAN ALLISON SOMMERS
Address: 6001 VINELAND RD STE 109
City: ORLANDO, FL 32819

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MAY-04-2010 16:10 From:

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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

(X) 

SUSAN ALLISON SOMMERS / Registered Agent

05/04/10

Date

(X) 

SUSAN ALLISON SOMMERS / Incorporator

05/04/10

Date

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