

P/D000052089

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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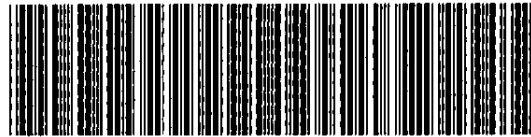
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 21 P 2:59

FILED

JUN 22 2010
D. A. WHITE

COVER LETTER

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

SUBJECT: LAKE WORTH FAMILY CHIROPRACTIC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: LAKE WORTH FAMILY CHIROPRACTIC INC
Name (Printed or typed)

2311 10TH AVE NORTH suite 2
Address

LAKE WORTH, FL 33461
City, State & Zip

(561) 586-5601

Daytime Telephone number

AICC103@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

10 JUN 21 PM 4:03

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 15, 2010

NERLANDE ESTIMABLE
2311 10TH AVENUE NORTH
SUITE 2
LAKE WORTH, FL 33461

SUBJECT: LAKE WORTH FAMILY CHIROPRACTIC INC.
Ref. Number: W10000028373

We have received your document for LAKE WORTH FAMILY CHIROPRACTIC INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 110A00014707

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:

LAKE WORTH FAMILY CHIROPRACTIC INC

ARTICLE II PRINCIPAL OFFICE

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

2311 10TH AVE Suite 2
Lake Worth, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTIC

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NERLANDE ESTIMABLE (OWNER)
2311 10th Ave North Ste 2
Lake Worth, FL 33461

ARTICLE VI REGISTERED AGENT

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

NERLANDE ESTIMABLE
2311 10th Ave North Ste 2
Lake Worth, FL 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NERLANDE ESTIMABLE
2311 10th Ave North Ste 2
Lake Worth, FL 33461

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

6-9-10
Date

6-9-10
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA