

P10000076491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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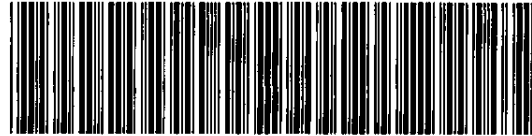
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/17/10--01024--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 17 PM 1:09

APPROVED
FILED

75 9/20/10

COVER LETTER

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

SUBJECT: GARDNER CHIROPRACTIC & SPORTS REHABILITATION CENTER 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: OVIEDO FINANCIAL SERVICES INC

Name (Printed or typed)

1693 W BROADWAY STREET SUITE 3000

Address

OVIEDO FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@AOL.COM

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

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)

APPROVED
AND
FILED

10 SEP 17 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GARDNER CHIROPRACTIC & SPORTS REHABILITATION CENTER, INC

ARTICLE II PRINCIPAL OFFICE

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

830 E STATE ROAD 434

SUITE 1

LONGWOOD, FLORIDA 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTIC & SPORTS REHABILITATION

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAUL GARDNER

8815 NW 236TH ST

ALACHUA, FLORIDA

32615

ARTICLE VI REGISTERED AGENT

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

OVIDO FINANCIAL SERVICES, INC.

1693 W BROADWAY STREET SUITE 3000

OVIDO, FLORIDA 32765

ARTICLE VII INCORPORATOR

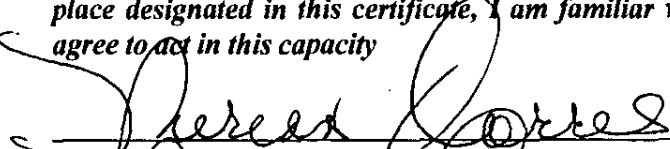
The name and address of the Incorporator is:

OVIDO FINANCIAL SERVICES, INC.

1693 W BROADWAY STREET SUITE 3000

OVIDO, FLORIDA 32765

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

09/14/10

Date

09/14/10

Date