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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

PS 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:

OVIEDO FINANCIAL SERVICES,INC.
1693 W BROADWAY STREET SUITE 3000
OVIEDO, FLORIDA 32765

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

OVIEDO FINANCIAL SERVICES,INC.
1693 W BROADWAY STREET SUITE 3000
OVIEDO, FLORIDA 32765

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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

Signature/Registered Agent — 09/14/10 Date

Signature/Incorporator — 09/14/10 Date