

P10000084651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

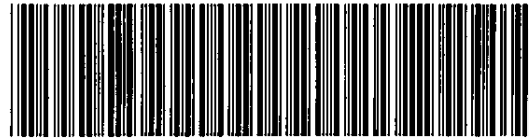
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185251522

10/05/10--01012--014 **78.75

FILED
2010 OCT 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 18 2010

W10-46874
630
2553

COVER LETTER

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

SUBJECT: Clark Smith D.C. PA

(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: Clark Smith

Name (Printed or typed)

6447 Miami Lakes Dr. Suite 206

Address

Miami Lakes, FL 33014

City, State & Zip

(404) 219-1369

Daytime Telephone number

drclarksmith@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 15 AM 11:50

FILED

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:

Clark Smith D.C. PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
6447 Miami Lakes Dr. Suite 206
Miami Lakes, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit. This association is for a Chiropractic Business.
I am a Doctor of Chiropractic Licensed in the state
Florida and The Purpose of this association is for
Chiropractic and Chiropractic Services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clark Smith
Address: 6447 Miami Lakes Dr. Suite 206
Miami Lakes, FL 33014

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Clark Smith
Address: 6447 Miami Lakes Dr. Suite 206
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clark Smith
Address: 6447 Miami Lakes Dr. Suite 206
Miami Lakes, FL 33014

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]
Required Signature/Registered Agent

9/30/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

9/30/10
Date

FILED
20 OCT 15 AM 11:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA