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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
11/17

COVER LETTER

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

SUBJECT: COMPLETE CHIROPRACTIC HEALTH CENTER OF FL 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: DR. KIMBERLY JOSEPH ALVAREZ
Name (Printed or typed)

6237 A SUNSET DRIVE
Address

MIAMI FL 33143
City, State & Zip

305 992 4899
Daytime Telephone number

CHIROCOMPLETE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

November 9, 2010

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This notice is to inform the State I have no intent to reinstate Complete Chiropractic Health Center of Florida, Inc . You may release the name for immediate use. Documentation # P99000017566.

Please see enclosed with articles of corporation & a check to form a new corporation. 87.50 .

Thank you,

Dr. Kimberly Joseph



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: COMPLETE CHIROPRACTIC HEALTH CENTER OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6237 ASUNET DRIVE
MIAMI, FL 33143

Mailing address, if different is:

9803 SW 93 TERR.
MIAMI FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTIC OFFICE, PROVIDING HEALTH CARE
TO OUR COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. KIMBERLY JOSEPH ALVAREZ
Address: 9803 SW 93 TERR.
MIAMI FL 33176

Name and Title: CHIROPRACTOR
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: DR. KIMBERLY JOSEPH ALVAREZ
Address: 9803 SW 93 TERR.
MIAMI FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator:

Name: KIMBERLY JOSEPH ALVAREZ
Address: 9803 SW 93 TERR.
MIAMI FL 33176

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

Required Signature/Registered Agent/Incorporator

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.

Required Signature/Incorporator

Date

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

11/7/10