

P.10000094402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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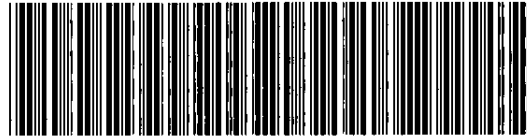
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Ave Maria Chiropractic, 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: Scott Allan
Name (Printed or typed)
5080 Annunciation Cir #10
Address
Ave Maria, FL 34142
City, State & Zip
239-348-1696
Daytime Telephone number
homeschool@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Scott A. Allan
5080 Annunciation Circle
Suite 104
Ave Maria, FL 34142

To Whom it May Concern,

I am writing to request dissolution and release of Ave MariaChiropractic Inc.
Document NumberP08000064399

Thank you.

Sincerely,



Scott. A. Allan

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Ave Maria Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5080 Annunciation Cir #104
Ave Maria, FL 34142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott A. Allan

Address: 5080 Annunciation Cir
#104
Ave Maria, FL 34142

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: Scott A. Allan

Address: 5080 Annunciation Cir #104
Ave Maria, FL 34142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott A. Allan

Address: 5080 Annunciation Cir #104
Ave Maria, FL 34142

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

Scott A. Allan

Required Signature/Registered Agent

11-12-10

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.

Scott A. Allan

Required Signature/Incorporator

11-12-10

Date

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TALLAHASSEE, FLORIDA