

P10000101375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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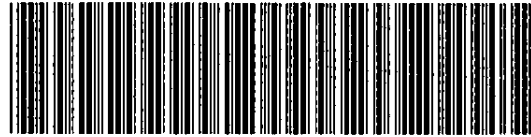
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/10--01012--009 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/16

COVER LETTER

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

SUBJECT: ALL IN ONE CHIROPRACTIC & THERAPY 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: CAROLINA RIVAS,
Name (Printed or typed)

3750 WEST 16TH AVENUE #134U
Address

HIALEAH, FLORIDA 33012
City, State & Zip

(305) 877-5023
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: **ALL IN ONE CHIROPRACTIC & THERAPY CENTER, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3750 WEST 16TH AVENUE
SUITE 134U
HIALEAH, FLORIDA 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Carolina Rivas, President**
Address: **3750 West 16th Avenue #134U**
Hialeah, Florida 33012

Name and Title: _____
Address: _____

Name and Title: **Oscar Mendoza, Secretary**
Address: **3750 West 16th Avenue #134U**
Hialeah, Florida 33012

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: **CAROLINA RIVAS**
Address: **465 BRICKELL AVENUE #4403**
MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Carolina Rivas**
Address: **3750 West 16th Avenue #134U**
Hialeah, Florida 33012

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

12/09/2010

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

12/09/2010

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA