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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
Y & J CHIROPRACTIC CENTER INC**

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PAGE 02/04

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January 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: Y & J CHIROPRACTIC CENTER INC
REF: W11000001730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000008187
Letter Number: 211A00000915

H11000008187

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

Y & J CHIROPRACTIC CENTER INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

911 SW 87 AVE
Miami FL 33174

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YUNET Jimenez
911 SW 87 AVE
Miami FL 33174

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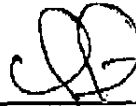
ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

YUNET Jimenez
911 SW 87 AVE
Miami FL 33174

The undersigned incorporator has executed these Articles of Incorporation this

10 day of January 2011.



Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

YUNET Jimenez (P)

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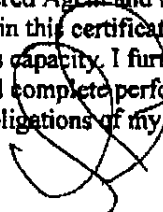
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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