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W10000059748

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 1/12

COVER LETTER

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

SUBJECT: Schmied Chiropractic P.A.
(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: Bryan William Schmied
Name (Printed or typed)

5813 Montford Dr.
Address

Zephyrhills FL 33541
City, State & Zip

813 - 417 - 5294
Daytime Telephone number

bryanschmied@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2010

BRYAN WILLIAM SCHMIED
5813 MONTFORD DRIVE
ZEPHYRHILLS, FL 33541

SUBJECT: SCHMIED CHIROPRACTIC P.A.
Ref. Number: W10000059748

We have received your document for SCHMIED CHIROPRACTIC P.A. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 010A00030074

Attn: Claretha Golden
Ref #: W10000059748

Today's Date: 01/07/2011

Hello Claretha, this is Dr. Bryan Schmied. I spoke with you on the phone on 01/06/2011 and I was telling you my situation with my articles of organization. Well after I spoke with you and you told me to resend my corrected articles of organization with your attention on them I made another mistake. I put the wrong date on the articles (1-06-10) instead of 2011 and I didn't include a copy of the original. So I guess the third time is a charm. Included in this package are the correct articles with a copy. I am sorry for wasting your time but I thank you so very much for all of your help.

In Good Health

Dr. Bryan Schmied

-Dr. Schmied

COVER LETTER

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

Attn: Claretha Golden
Ref #: W10000059748

SUBJECT: Schmied Chiropractic P.A.
(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

☆ Already Paid the $87.50

FROM: Bryan William Schmied
Name (Printed or typed)

5821 Montford Dr.
Address

Zephyrhills FL 33541
City, State & Zip

813-417-5294
Daytime Telephone number

bryanschmied@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FILED
11 JAN 11 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Schmied Chiropractic P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5813 Montford Dr
Zephyrhills FL 33541

Mailing address, if different is:
5821 Montford Dr
Zephyrhills FL 33541

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide Chiropractic & Wellness Services to the general public

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bryan W. Schmied
CEO
Address: 5813 Montford Dr.
Zephyrhills FL 33541

Name and Title: Arica J. Schmied
CFO
Address: 5813 Montford Dr.
Zephyrhills FL 33541

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: Bryan W. Schmied
Address: 5813 Montford Dr.
Zephyrhills FL 33541

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Bryan W. Schmied
Address: 5813 Montford Dr.
Zephyrhills FL 33541

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

Bryan W. Schmied
Required Signature/Registered Agent

1/07/2011
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.

Bryan W. Schmied
Required Signature/Incorporator

1/07/2011
Date