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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

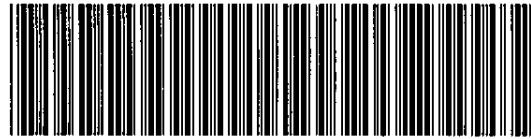
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W10000059748



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12/28/10--01011--020 **87.50

FILED
11 JAN 11 PM 12:26
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

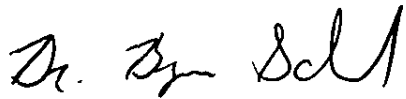
Letter Number: 010A00030074

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

A handwritten signature in black ink, appearing to read "Dr. Bryan Schmied". The signature is written in a cursive, flowing style.

-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)

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☐ \$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.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
11 JAN 11 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

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
Address: CEO
5813 Montford Dr.
Zephyrhills FL 33541

Name and Title: Arica J. Schmied
Address: CEO
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