

P11000021546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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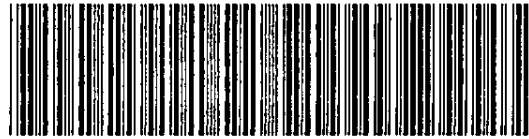
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/04/11

COVER LETTER

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

SUBJECT: Chiropractic Associates of Gainesville, 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: Matthew Richeson
Name (Printed or typed)

3703 SW 13th St
Address

Gainesville FL 32608
City, State & Zip

352-372-4110
Daytime Telephone number

M3Richeson@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)

ARTICLE I NAME

The name of the corporation shall be:

Chiropractic Associates of Gainesville, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3703 SW 13th St.

Gainesville FL 32608

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- * Find and correct neuromusculoskeletal problems of the human body
- * Improve function for person's seeking help.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Richeson

Address:

Name and Title:

Address:

Name and Title: Matthew Cline

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Matthew Richeson

Address: 3703 SW 13th St
Gainesville FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Richeson

Address: 3703 SW 13th St
Gainesville FL 32608

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

Matthew Richeson
Required Signature/Registered Agent

2/23/11
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.

Matthew Richeson
Required Signature/Incorporator

2/23/11
Date