

P 110000028634

(Requestor's Name)

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(City/State/Zip/Phone #)

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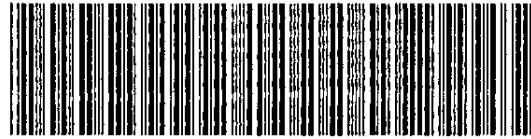
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: HEART OF FLORIDA CHIROPRACTIC, 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: Douglas C. Gagnon, Jr., D.C.
Name (Printed or typed)

2825 Kokomo Loop
Address

Haines City, FL 33844
City, State & Zip

407-529-7304
Daytime Telephone number

cfeltondc@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:

Heart of Florida Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**2825 Kokomo Loop
Haines City, FL 33844**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Licensed Chiropractic
Services.....**

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Douglas C Gagnon, Jr., D.C.**
Address: **President
2825 Kokomo Loop
Haines City, FL 33844**

Name and Title: _____
Address: _____

Name and Title: **Carys E. Felton, D.C.**
Address: **Vice President
2825 Kokomo Loop
Haines City, FL 33844**

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: **Douglas C Gagnon, Jr., D.C.**
Address: **2825 Kokomo Loop
Haines City, FL 33844**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Robin L Castro**
Address: **2062 Lake Marion Dr.
Apopka, FL 32712**

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

03.16.2011

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.



Required Signature/Incorporator

03/15/2011

Date

RECEIVED
MAR 21 AM 9:01
CLERK OF THE COURT
STATE OF FLORIDA