

04/13/2011 12:17

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LAZARUS

PAGE 01/03

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FLORIDA PROFIT/NON PROFIT CORPORATION
FIRST CHIROPRACTIC CARE CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

FIRST CHIROPRACTIC CARE CORP

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

*888 NW 27th Ave Suite 7
MIAMI, FL, 33125*

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

*Harrietta Ceccarelli
888 NW 27 Ave Suite 7
MIAMI, FL, 33125*

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DIVISION OF CORPORATION

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ARTICLE V - INCORPORATOR

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

Harrietta Ceccavelli
888 NW 27 AVE Suite 7
MIAMI, FL, 33125

The undersigned incorporator has executed these Articles of Incorporation this

13 day of April 2011

X 
Signature

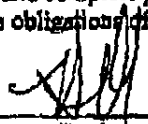
ARTICLE VI - DIRECTOR (S)

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

Harrietta Ceccavelli (P)

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.

X 
Registered Agent Signature

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