

P11000037138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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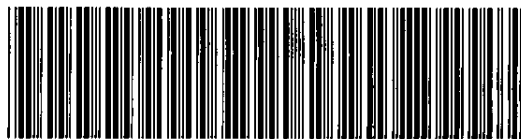
(Business Entity Name)

(Document Number)

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04/06/11--01026--021 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/18/11

W11-19794



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 APR 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 2011

ALIYAH STOTTER
9720 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

SUBJECT: CORAL SPRINGS SPINE & NERVE, INC.
Ref. Number: W11000019794

We have received your document for CORAL SPRINGS SPINE & NERVE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 411A00008506

COVER LETTER

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

SUBJECT: Coral Springs Spine & Nerve, 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: Aliyah Stottee
Name (Printed or typed)

9700 W Sample Road
Address

Coral Springs, Florida 33065
City, State & Zip

954-752-7373
Daytime Telephone number

achirobb@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: Coral Springs Spine & Nerve, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9720 W. Sample Road
Coral Springs, Florida
33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation - Chiropractic Services

ARTICLE IV SHARES

The number of shares of stock is 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aliyah Stotter - ~~owner~~ P-President
Address: 9720 W. Sample Road
Coral Springs, Florida
33065

Name and Title: Craig Kuhlmeier - ~~owner~~ V-Vice President
Address: 9720 W. Sample Road
Coral Springs, Florida
33065

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: Aliyah Stotter
Address: 9720 W. Sample Road
Coral Springs, Florida 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aliyah Stotter
Address: 9720 W. Sample Road
Coral Springs, Florida 33065

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

Aliyah Stotter
Required Signature/Registered Agent

4.4.11
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.

Aliyah Stotter
Required Signature/Incorporator

4.4.11
Date

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