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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

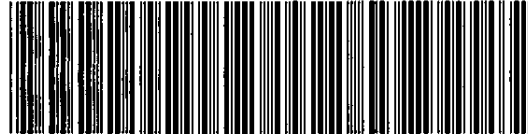
(Business Entity Name)

(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: Best Care Chiropractic and Medical Clinics of Florida
(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: Dr. Caleb H. Daugherty
Name (Printed or typed)
1500 S. Ocean Drive, Condo 1501
Address
Hollywood/Tram, FL 33019
City, State & Zip
[305] 215-5554 / [305] 390-8212
Daytime Telephone number
bestcaresofl@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Best Care Chiropractic and Medical Clinics of Florida, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1774 SW 8th Street, Suite A
Miami, FL 33135

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Providing Chiropractic, Therapies and Medical care to those who need or desire the care.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Caleb H. Daugherty Owner/Director Name and Title: _____
Address: 1500 S. Ocean Drive, Condo 15J Address: _____
Hollywood, FL 33019

Name and Title: Natalie Daugherty Manager/Admin Name and Title: _____
Address: 1500 S. Ocean Drive Address: _____
Condo 15J
Hollywood, FL 33019

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Caleb H. Daugherty
Address: 1500 S. Ocean Drive, Condo 15J
Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Caleb H. Daugherty
Address: 1500 S. Ocean Drive, Condo 15J
Hollywood, FL 33019

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

Dr. Caleb H. Daugherty
Required Signature/Registered Agent

6/03/2011
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.

Dr. Caleb H. Daugherty
Required Signature/Incorporator

6/03/2011
Date

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