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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BARNET SERVICES  
Account Number : I20110000028  
Phone : (786) 278-2645  
Fax Number : (786) 429-0945

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ATRIUM CHIROPRACTIC AND REHAB INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Atrium Chiropractic and Rehab, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address:3900 NW 79 Ave #429  
Doral, FL 33166

Mailing address, if different is:

3900 NW 79 Ave Suite 805  
Doral, FL 33166**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Health Care.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Carlos Daniel Bonilla, President  
Address: 4209 NE 22 Ave  
Ft. Lauderdale, FL 33308Name and Title: President  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:11 AUG - 2 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPROVED  
AND  
FILED**ARTICLE VI REGISTERED AGENT**

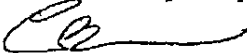
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carlos Daniel Bonilla  
Address: 4209 NE 22 Ave  
Ft. Lauderdale, FL 33308**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos Daniel Bonilla  
Address: 4209 NE 22 Ave.  
Ft. Lauderdale, FL 33308

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

08/01/11  
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 §817.155, F.S.



Required Signature/Incorporator

08/01/11  
Date

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