

711000106784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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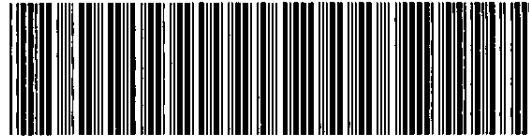
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2011

COVER LETTER

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

SUBJECT: ANR Clinics, 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: Lorraine Powers
Name (Printed or typed)

509 33rd Street
Address

West Palm Beach, Florida 33407
City, State & Zip

561-832-4999
Daytime Telephone number

rainey79@comcast.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **ANR Clinics, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
509 33rd Street
West Palm Beach, FL 33407

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
all legal business.

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Lorraine Powers
Address: 509 33rd Street
West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lorraine Powers
Address: 509 33rd Street
West Palm Beach, FL 33407

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

12/12/11
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.

Required Signature/Incorporator

12/12/11
Date

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TALLAHASSEE, FLORIDA