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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION**Kornacki Chiropractic Inc.**

Certificate of Status	1
Certified Copy	0
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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:

Kornacki Chiropractic Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3734 West 3rd Street, Suite B
Hilliard, FL 32046

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Kerry E. Kornacki
3734 West 3rd Street, Suite B
Hilliard, FL 32046

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Dr. Kerry E. Kornacki - President/Director
39883 Prospect Landing Road, Hilliard, FL 32046


ARTICLE VI INCORPORATOR(S)

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

Dr. Kerry E. Kornacki
39883 Prospect Landing Road, Hilliard, FL 32046

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of February 2012



Dr. Kerry E. Kornacki
Signature

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Kornacki Chiropractic Inc.

2. The name and address of the registered agent and office is:

Dr. Kerry E. Kornacki

Name

3734 West 3rd Street, Suite B

(P.O. Box or Mail Drop Box NOT Acceptable)

Hilliard, FL 32046

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Dr. Kerry E. Kornacki
SIGNATURE

02/08/2012

(Date)

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