

P12000031144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

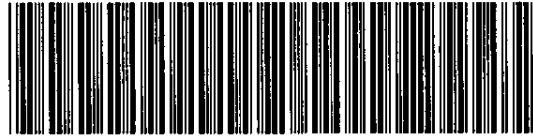
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: Allison J. Manis, P.A.

(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: Allison Manis

Name (Printed or typed)

871 Donald Ross Road

Address

Juno Beach, FL 33408

City, State & Zip

(561) 694-0708

Daytime Telephone number

allimanis@gmail.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:

Allison J. Manis, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

871 Donald Ross Road
Juno Beach, FL 33408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Practice

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Allison J. Manis / Owner**

Address: **823 Promenade Way
#301
Jupiter, FL 33458**

Name and Title:

Address:

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: **Allison J. Manis**

Address: **823 Promenade Way #301
Jupiter, FL 33458**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Allison J. Manis**

Address: **823 Promenade Way #301
Jupiter, FL 33458**

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

Allison Manis

Required Signature/Registered Agent

3/28/12

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.

Allison Manis

Required Signature/Incorporator

3/28/12

Date