

P 12000047225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

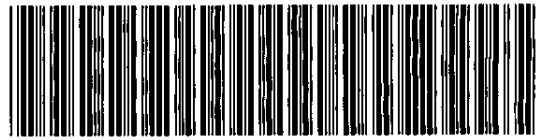
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/12--01005--006 **70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
12 MAY 22 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 MAY 22 AM 10:20

of 5/22/12

COVER LETTER

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

SUBJECT: Marianna Health & Rehab
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Martine Charles
Name (Printed or typed)

3909 Reserve Dr.
Address

Tallahassee, FL 32311
City, State & Zip

678 637-3416
Daytime Telephone number

MartineCharles@yahoo.com
E-mail address: (to be used for future/annual report notification)

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 12 MAY 22 AM 10:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: Marianna Health & Rehab, CO

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2944 Pennsylvania Ave, Marianna, FL 32448

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Chiropractic care.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martine Charles, Address: 3909 Reserve Dr, Tallahassee, FL 32311

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: Martine Charles, Address: 3909 Reserve Dr, Tallahassee, FL, 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Martine Charles, Address: 3909 Reserve Dr, Tallahassee, FL 32311

FILED, 12 MAY 22 AM 10:20, SECRETARY OF STATE, TALLAHASSEE, FLORIDA

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

Signature: [Handwritten Signature], Date: 5/22/12

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.

Signature: [Handwritten Signature], Date: 5/22/12