

P12000086702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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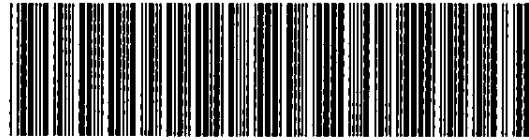
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 OCT 12 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2012

## COVER LETTER

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

SUBJECT: Fanney Spine and Rehab, 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: Daryn Fanney, D.C.

Name (Printed or typed)

504 Carolina Ave.

Address

Plant City, FL 33563

City, State & Zip

407-616-1982

Daytime Telephone number

Darynjallday@gmail.com

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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TALLAHASSEE FLORIDA

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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: **Fanney Spine and Rehab, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**4241 NW American Lane**  
**Lake City, FL 32055**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide Chiropractic and related services.

**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Daryn Fanney, D.C.**  
Address: **504 Carolina Ave**  
**Plant City, FL 33563**

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: **Daryn Fanney, D.C.**  
Address: **504 Carolina Ave**  
**Plant City, FL 33563**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: **Daryn Fanney, D.C.**  
Address: **504 Carolina Ave**  
**Plant City, FL 33563**

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TALLAHASSEE, FLORIDA

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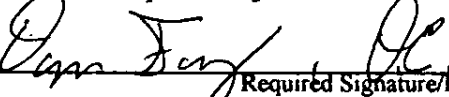
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

**10-10-12**  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

**10-10-12**  
\_\_\_\_\_  
Date