

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

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Account Name : CORPORATE ACCESS, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
SONJA J. LONADIER, D.C., P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 12 AM 8:53

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**ARTICLES OF INCORPORATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SONJA J. LONADIER, D.C., P.A.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

SONJA J. LONADIER, D.C., P.A.

II.

The specific purpose for which the corporation is organized is to engage in any and all activities a doctor of chiropractic medicine is authorized to perform and shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 621, Florida Statutes. The corporation shall have all the powers set forth in Chapter 607, Florida Statutes subject to the limitations as set forth in Chapter 621, as those Statutes are amended from time to time.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

**801 NE 25th Avenue
Ocala FL 34470**

and the name of its initial Registered Agent at such address shall be: **SONJA J. LONADIER,**

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D.C.

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

SONJA J. LONADIER, D.C.
801 NE 25th Avenue
Ocala, FL 34470

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 12 day of December, 2012.

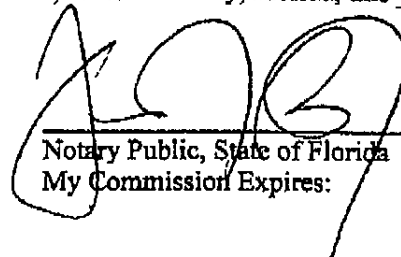

SONJA J. LONADIER, D.C.

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared **SONJA J. LONADIER, D.C.**, (✓) who is personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 12 day of December, 2012.





Notary Public, State of Florida
My Commission Expires:

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Having been named Registered Agent of SONJA J. LONADIER, D.C., P.A., I hereby accept said office and agree to comply with the provisions of Chapter 621, Florida Statutes as same pertain to the office of Registered Agent.


SONJA J. LONADIER, D.C.
Registered Agent

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