

Division of Corporations Page 1 of 1
P13000000763

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Oasis Chiropractic and Wellness Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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01/03/12

**ARTICLES OF INCORPORATION
OF**

Oasis Chiropractic and Wellness Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Oasis Chiropractic and Wellness Inc

The principal place of business of this corporation shall be:

**8980 S US Highway 1, Ste 104
Port St Lucie FL 34952**

The Mailing Address of this corporation shall be:

**8980 S US Highway 1, Ste 104
Port St Lucie FL 34952**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President: Tara M Murray
496 SW Deer Run
Port St Lucie FL 34953

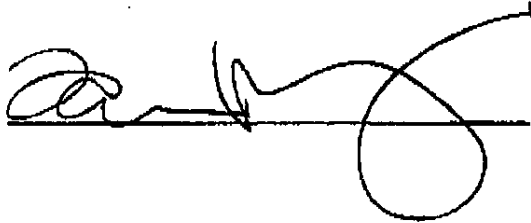
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporators(s) to this articles of incorporation is(are):

Tara M Murray
496 SW Deer Run
Port St Lucie FL 34953

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OR INCORPORATION THIS 1st day of January 2013.

SIGNATURE(S) OF INCORPORATOR(S)

A handwritten signature in black ink, appearing to be 'Tara M Murray', written over a horizontal line.

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:

Oasis Chiropractic and Wellness Inc

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

**Tara M Murray
496 SW Deer Run
Port St Lucie FL 34953**

SIGNATURE 

DATE 1/1/2013

Having been named to accept the service of process for the above stated Corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

SIGNATURE 

DATE 1/1/2013

Prepared by:
Novice's Accounting & Tax Service, Inc.
805 Virginia Ave Suite 29
Ft Pierce FL 34982
(772) 461-5987

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TALLAHASSEE, FLORIDA

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