

P/3000016008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

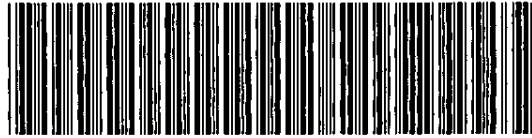
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 02/18/13

## COVER LETTER

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

SUBJECT: Kevin M. Davine 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: Kevin Davine  
Name (Printed or typed)

871 Donald Ross Rd  
Address

Juno Beach, FL 33408  
City, State & Zip

518-421-2401  
Daytime Telephone number

Kdavine1@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

in compliance with Chapter 607 and/or Chapter 621, F.S. (Print)

**ARTICLE I NAME**

The name of the corporation shall be: Kevin M. Davine, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

871 Donald Ross Rd  
Juno Beach, FL 33408

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Chiropractic Services

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Kevin ~~Davine~~ Davine <sup>owner</sup> Name and Title: \_\_\_\_\_

Address: 3202 Grove Rd Address: \_\_\_\_\_  
Palm Beach Gardens, FL  
33410

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Kevin Davine

Address: 871 Donald Ross Rd  
Juno Beach, FL 33408

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Kevin Davine

Address: 871 Donald Ross Rd  
Juno Beach, FL 33408

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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*

Kevin Davine

Required Signature/Registered Agent

2/11/13

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.*

Kevin Davine

Required Signature/Incorporator

2/11/13

Date