

P13000027575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

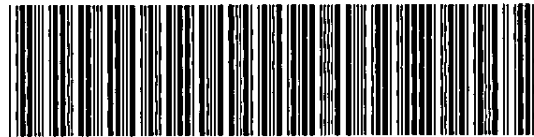
(Document Number)

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

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13 MAR 25 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 26 2013

COVER LETTER

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

SUBJECT:

Suzanne R. Frank, D.C. 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:

Suzanne Frank

Name (Printed or typed)

1844 NW 124 AVE

Address

Coral Springs, FL 33071

City, State & Zip

(954) 600 1897

Daytime Telephone number

Elevateyourself.suzanne@gmail.com

E-mail address: (to be used for future annual report notification)

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: Suzanne R. Frank, D.C. 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: Suzanne Frank Name and Title: \_\_\_\_\_

Address 1844 NW 124 Ave Address: \_\_\_\_\_  
Coral Springs, Fl  
33071

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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: Nancy Kappel Frank  
Address: 1844 NW 124 AVE  
Coral Springs, FL 33071

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Suzanne Frank  
Address: 1844 NW 124 AVE  
Coral Springs, FL 33071

*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

3/14/13  
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.817.133, F.S.*

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

3/14/13  
Date