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13 JUN 18 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 19 2013

## COVER LETTER

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

SUBJECT: SPINE RECOVERY CLINIC, Inc.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Harry Vassilakis  
Name (Printed or typed)  
6684 Merryvale Lane  
Address  
Port Orange, FL 32128  
City, State & Zip  
386-233-3265  
Daytime Telephone number  
docharryv@yahoo.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: Spine Recovery Clinic, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

185 Cypress Point Parkway

suite 300

Palm Coast, FL 32164

Mailing address, if different is:

6684 Merryvale Lane

Port Orange, FL 32128

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: any and all lawful pupose

**ARTICLE IV    SHARES**

The number of shares of stock is:

1000

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

Name and Title: Harry Vassilakis CEO

Address

6684 Merryvale Lane

Port Orange FL 32128

Name and Title: Kimberly Vassilakis VP

Address:

6684 Merryvale lane

Port Orange, FL 32128

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

Address

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

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

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

Address

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

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

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TALLAHASSEE, FLORIDA

(conti.)

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: Harry Vassilakis  
Address: 185 Cypress Point Parkway Suite 300  
Palm Coast, FL 32164

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TALLAHASSEE, FL 32304

**ARTICLE VII INCORPORATOR**

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

Name: Harry Vassilakis  
Address: 6684 merryvale lane  
Port Orange FL 32128

*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*

[Signature]  
Required Signature/Registered Agent

6-12-2013  
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.*

[Signature]  
Required Signature/Incorporator

6-12-2013  
Date