

P13 0000068865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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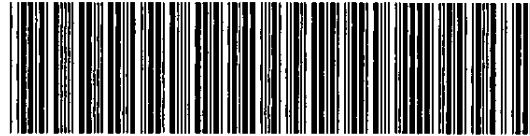
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 AUG 19 AM 10:53

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## COVER LETTER

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

SUBJECT: Spine Health Solutions, 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: Troy W. Godsey

Name (Printed or typed)

1803 Park Center Dr. Ste 120

Address

Orlando, FL 32835

City, State & Zip

(954) 253 1565

Daytime Telephone number

fabioazvd@hotmail.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 Health Solutions, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1803 Park Center Dr. Ste 120

Orlando, FL 32835

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chiropractic, Physical & Massage Therapy, Medical Rehab

**ARTICLE IV SHARES 100**

The number of shares of stock is:

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

Name and Title: Troy W. Godsey

Name and Title:

Address 1803 Park Center Dr Ste 120

Address:

Orlando, FL 32835

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

(conti.)

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DIVISION OF CORPORATION

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>2013 AUG 19 AM 10:54</u>
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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


Name: TROY W. GOOSEY  
Address: 1803 PARK CENTER DR STE 120  
ORLANDO, FL 32835

**ARTICLE VII INCORPORATOR**

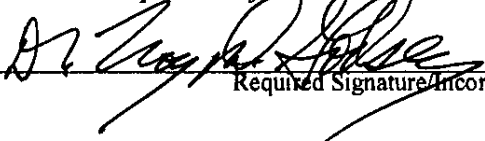
The name and address of the Incorporator is:

Name: TROY W. GOOSEY  
Address: 1803 PARK CENTER DR. STE 120  
ORLANDO FL 32835

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

<u></u>	<u>8/14/13</u>
Required Signature/Registered Agent	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.

<u></u>	<u>8/14/13</u>
Required Signature/Incorporator	Date