

P13000079627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

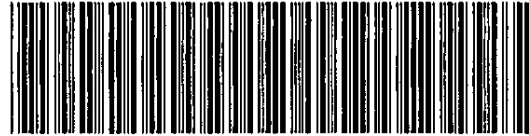
(Business Entity Name)

(Document Number)

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

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09/24/13--01022--009 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 24 PM 2:59

*[Handwritten signature]*  
9/26/13

Original

**COVER LETTER**

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

**SUBJECT: Kreider Chiropractic, 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  
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: Jonyelle Kreider, D.C.**

Name (Printed or typed)

**2805 Windcrest Oaks Ct**

Address

**Valrico FL 33594**

City, State & Zip

**813-833-9552**

Daytime Telephone number

**Jonyelle.Kreider@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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Kreider Chiropractic, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

132 East Bloomingdale Ave

Suite B

Brandon, FL 33511

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide safe and effective chiropractic care to patients of the business

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title: Jonyelle Kreider, DC: Owner/Chiropractor

Name and Title:

Address

2805 Windcrest Oaks CT

Address:

Valrico FL 33594

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: Jonyelle Kreider, D.C.  
Address: 2805 Windcrest Oaks CT  
Valrico FL 33594

**ARTICLE VII INCORPORATOR**

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

Name: Jonyelle Kreider, D.C.  
Address: 2805 Windcrest Oaks CT  
Valrico FL 33594

*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

9/20/2013

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.*

  
Required Signature/Incorporator

9/20/2013

Date