P13000083787

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
•				

Office Use Only

691-W1300054521



100252098251

09/30/13--01014--007 **87.50

13 OCT 10 PM 1: 50

er 10/11/13

COVER LETTER

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

randidasce, i E 32.	717		
SUBJECT: Col	onial Chiropractio	Centers, Inc	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
_{FROM:} <u></u> К	atherine Machai		
	Name	e (Printed or typed)	
37	74 Blythville Ave.		
	,	Address	
D	eltona, Fl. 32725		
_	•	State & Zip	13 OCT 10
38	36-848-2556		
	Daytime T	elephone number	9

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

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2013

KATHERINE MACHARA 374 BLYTHVILLE AVENUE DELTONA, FL 32725

SUBJECT: COLONIAL CHIROPRACTIC CENTERS, INC

Ref. Number: W13000054521

We have received your document for COLONIAL CHIROPRACTIC CENTERS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 313A00023033

13 OCT IO PM 1: 50

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

		SECRETA 2V OF STA
The name of the corpora	ME Colonial Chiropra	SECRETARY OF STA
	NCIPAL OFFICE Principal street address nial Dr. 21-23	13 OCT 10 PM 1: 5 Mailing address, if different is: 374 Blythville Ave.
Orlando, Fl.32	2804	Deltona, Fl. 32725
ARTICLE III PUR The purpose for which	the corporation is organized is: Any al	nd all business actions
The number of shares of ARTICLE V INIT	IIAL OFFICERS AND/OR DIRECTO	-
The number of shares of ARTICLE V INIT	stock is:	RS Name and Title: Address:
The number of shares of ARTICLE V INT Name and Title	rial officers and/or directo Dr. Katherine Machara	Name and Title:
The number of shares of ARTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTO Dr. Katherine Machara 374 Blythville Ave. Deltona, Fl. 32725	Name and Title:
The number of shares of ARTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTO Dr. Katherine Machara 374 Blythville Ave. Deltona, Fl. 32725	Name and Title: Address: Name and Title:
The number of shares of ARTICLE V INT Name and Title Address Name and Title:	TIAL OFFICERS AND/OR DIRECTO TO Dr. Katherine Machara 374 Blythville Ave. Deltona, Fl. 32725	Name and Title: Address: Name and Title:
The number of shares of ARTICLE V INTO Name and Title Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTO Dr. Katherine Machara 374 Blythville Ave. Deltona, Fl. 32725	Name and Title: Address: Name and Title:
The number of shares of ARTICLE V INTO Name and Title Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTO Dr. Katherine Machara 374 Blythville Ave. Deltona, Fl. 32725	Name and Title: Address: Name and Title: Address: Name and Title:

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Katherine Machara	
Address:	374 Blythville Ave.	<u></u>
	Deltona, Fl. 32725	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Katherine Machara	_
Address:	374 Blythville Ave.	
	Deltona, Fl. 32725	<u> </u>
	med as registered agent to accept service of proced am familiar with and accept the appointment as re	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Halhere	Required Signature/Registered Agent	9-27-13
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in \$ 817.155 F.S.
Datte.		9-27-13
	Required Signature/Incorporator	Date