

P13000099404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

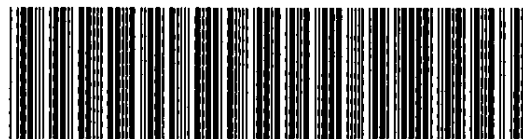
(Document Number)

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

Special Instructions to Filing Officer:

Christopher Railing  
add suffix  
PS

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 12 PM 1:08

PS 12/13/13

## COVER LETTER

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

**SUBJECT:** Railing Chiropractic & Acupuncture

(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:** Christopher A Railing D.C.

Name (Printed or typed)

14951 Walden Spring Way Apt. 807

Address

Jacksonville, FL 32258

City, State & Zip

386-882-2056

Daytime Telephone number

drrailing@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: Railing Chiropractic & Acupuncture Co.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

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14951 Walden Spring Way

Apt. 807

Jacksonville, FL 32258

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide chiropractic and acupuncture treatment to patients.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Christopher A Railing, CEO

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

Address 14951 Walden Spring Way

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

Apt. 807

Jacksonville, FL 32258

Name and Title: Christopher M. Railing, Sec

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

Address 14951 Walden Spring Way

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

Apt. 807

Jacksonville, FL 32258

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

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

Address \_\_\_\_\_

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

(cont.)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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**ARTICLE VI REGISTERED AGENT**

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

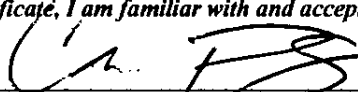
Name: Christopher A. Railing  
Address: 14951 Walden Spring Way Apt. 807  
Jacksonville, FL 32258

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Kronmiller  
Address: 1330 Eagle Crossing Dr.  
Orange Park, FL 32065

*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*

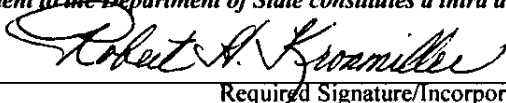


\_\_\_\_\_  
Required Signature/Registered Agent

12/5/13

\_\_\_\_\_  
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.817.155, F.S.*



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

12/5/13

\_\_\_\_\_  
Date