

P14000030944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

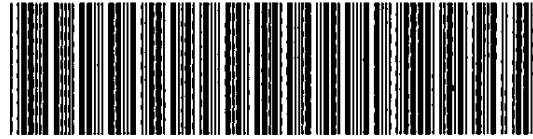
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258405256

04/01/14--01035--014 **87.50

FILED

14 APR - 1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/7/14

COVER LETTER

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

SUBJECT: Quest Health Wellness Chiropractic Center 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: Quest Health Wellness Chiropractic Center Inc.
Name (Printed or typed)

7104 South Military Trail
Address

Lake Worth, FL 33463
City, State & Zip

561 969 3710
Daytime Telephone number

aicc103@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
14 APR - 1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Quest Health Wellness Chiropractic Center inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7104 South Military Trail

SAME

Lake Worth FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHIROPRACTIC
HEALTHCARE

ARTICLE IV SHARES

The number of shares of stock is: 1000(THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Morilus Dat President

Name and Title: _____

Address 7104 South Military Trail

Address: _____

Lake Worth, FL33463

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
14 APR - 1 PM 2:30
SECRETARY OF STATE
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: Morilus Dat
Address: 7104 South Military Trail
Lake Worth, FL33463

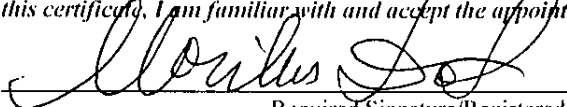
FILED
14 APR - 1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Morilus Dat
Address: 7104m South Military Trail
Lake Worth, FI33463

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

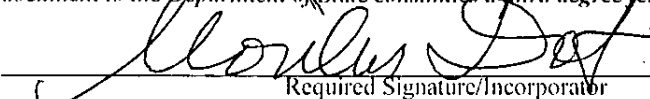


Required Signature/Registered Agent

03/22/2014

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

03/22/2014

Date