

05/15/2014

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Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : HUBCO
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TALLAHASSEE, FLORIDA

14 MAY 15 AM 10:23

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Butterfly Family Chiropractic Center PA

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Butterfly Family Chiropractic Center PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

320 South Tamiami Trail
Nokomis, FL 34275

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Chiropractic

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TALLAHASSEE FLORIDA

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Joseph Indelicato
320 South Tamiami Trail
Nokomis, FL 34275

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Dr. Joseph Indelicato - President/Director
320 South Tamiami Trail
Nokomis, FL 34275

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dr. Joseph Indelicato
320 South Tamiami Trail
Nokomis, FL 34275

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of May 20 14


Dr. Joseph Indelicato
SIGNATURE

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Butterfly Family Chiropractic Center PA**

2. The name and address of the registered agent and office is:

Dr. Joseph Indelicato
Name

320 South Tamiami Trail
(P.O. Box or Mail Drop Box NOT Acceptable)

Nokomis, FL 34275
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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Dr. Joseph Indelicato
SIGNATURE

05/15/2014
(Date)

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