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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
UNITY CHIROPRACTIC NEUROLOGY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
14 JUN - 9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

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date of submission 4/2

Unity Chiropractic Neurology LLC

Natasha Kae Musser, D.C.

12412 San Jose Blvd # 404

Jacksonville, FL 32223

904-379-6988

May 22, 2014

**Re: Unity Chiropractic Neurology LLC
EIN 46-4170847**

I Natasha Kae Musser, D.C., as the sole member of Unity Chiropractic Neurology, LLC, hereby grant permission for Natasha Kae Musser, D.C. to form a corporation in the State of Florida named Unity Chiropractic Neurology, Inc.

Sincerely,

Natasha Kae Musser, D.C.

Natasha Kae Musser, D.C.

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Unity Chiropractic Neurology, 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: Ausha Arnold

Name (Printed or typed)

8040 Excelsior Drive, Suite 200

Address

Madison, WI 53717

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: Unity Chiropractic Neurology, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12412 San Jose Blvd

same

Ste. 404

Jacksonville, FL 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business management services

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natasha K. Musser

Name and Title: _____

Address: 12412 San Jose Blvd

Address: _____

Ste. 404

Jacksonville, FL 32223

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Brent Buscay
Address: 9120 Double Diamond Parkway
Reno, NV 89521

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

By: NRAI Services, Inc. 06/02/2014
 Date
Required Signature/Registered Agent

Danijela Byers, Asst. Secretary

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.

 Brent Buscay 6/2/2014
Required Signature/Incorporator Date

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