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8/22/14

COVER LETTER

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

SUBJECT: Amazing Spine Care 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: Dr. Alan Khiger, DC

Name (Printed or typed)

400 East Bay Street, apt# 1401

Address

Jacksonville, FL 32201

City, State & Zip

702-817-4700

Daytime Telephone number

amazingchironyc@gmail.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: Amazing Spine Care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 East Bay Street, apt# 1401

Jacksonville, FL 32201

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rendering professional services by chiropractors

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Alan Khiger, CEO

Name and Title: _____

Address 400 East Bay Street,

Address: _____

Apt. # 1401

Jacksonville, FL 32202

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Dr. Alan Khiger
Address: 400 East Bay St, apt#1401
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dr. Alan Khiger
Address: 400 East Bay St. apt#1401
Jacksonville, FL 32002

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

Khiger Alan
Required Signature/Registered Agent

08/13/2014
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.

Khiger Alan
Required Signature/Incorporator

08/13/2014
Date