

P14000081104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

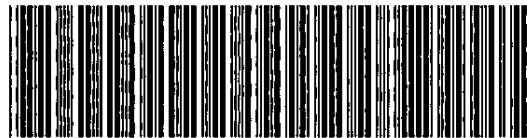
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263329133

10/01/14--01004--014 **70.00

SECRETARY OF STATE
CALIFORNIA

14 OCT -1 PM 4:10

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Navarre 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
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: Llaird Likens

Name (Printed or typed)

6327 Heronwalk Dr.

Address

Gulf Breeze, FL 32563

City, State & Zip

(850) 377-8521

Daytime Telephone number

LlairdLikens@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Navarre Chiropractic Center, Inc. OCT -1 PM 4:10

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
Mailing address, if different is:

6327 Heronwalk Dr.

Gulf Breeze, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

For any legal business purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Llaidr Likens, President Name and Title: _____

Address 6327 Heronwalk Dr. Address: _____

Gulf Breeze, FL 32563 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (conti.)

Name and Title: _____ Name and Title: 14 OCT 1 PM 4:10
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

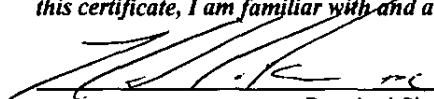
Name: Llaid Likens
Address: 6327 Heronwalk Dr.
Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

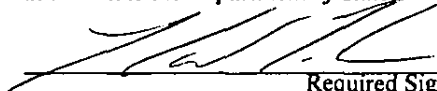
The name and address of the Incorporator is:

Name: Llaid Likens
Address: 6327 Heronwalk Dr.
Gulf Breeze, FL 32563

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

 9-29-2014
Required Signature/Registered Agent 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.

 9-29-2014
Required Signature/Incorporator Date