

P140000089493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

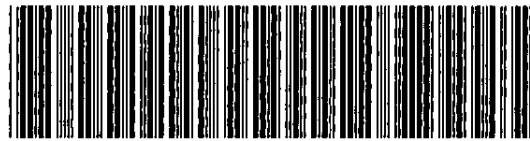
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/14--01006--020 **78.75

14 OCT 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: HealthSource of Doral 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: Bruno Contro DC

Name (Printed or typed)

660 East 17th Street

Address

Hialeah, FL 33010

City, State & Zip

610-937-4862

Daytime Telephone number

denisecontro@live.com

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

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

APPROVED
AND
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro 60)

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ARTICLE I NAME

The name of the corporation shall be:

HealthSource of Doral Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8200 NW 33 Street

Suite 407

Doral, FL 33122

Mailing address, if different is:

660 East 17 Street

Hialeah, FL 33010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to treat the surrounding community
with Chiropractic care and rehabilitation.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruno Contro, President

Address: 660 East 17th Street
Hialeah FL 33010

Name and Title: Denise Contro, Vice President

Address: 660 East 17th Street
Hialeah FL 33010

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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AND
FILED

(cont.)

14 OCT 30 PM 3:19

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	<u>TALLAHASSEE FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

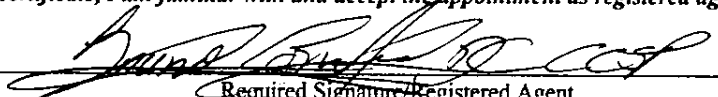
Name: Bruno Contro
Address: 660 E 17th St
Hialeh FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruno Contro
Address: 660 E 17th Street
Hialeah FL 33010

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

10/28/2014

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

10/28/2014

Date