

PIS 0000002346

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JAN 09 2015

T. SCOTT



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15 JAN -7 PM 1:10

DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: Dr. John K. Worz, 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: John K. Worz

Name (Printed or typed)

150 Kent Road, Suite 1A

Address

St. Augustine, FL 32086

City, State & Zip

(904) 797-2354

Daytime Telephone number

starsworz@yahoo.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: Dr. John K. Worz, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

150 Kent Road

Suite 1A

St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Chiropractic Physician Office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. John K. Worz, President

Name and Title: _____

Address

150 Kent Road

Address: _____

Suite 1A

St. Augustine, FL 32086

Name and Title: Regina Worz, Vice President

Name and Title: _____

Address

150 Kent Road

Address: _____

Suite 1A

St. Augustine, FL 32086

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: Regina Worz

Address: 150 Kent Road, Suite 1A

St. Augustine, FL 32086

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John K. Worz

Address: 150 Kent Road, Suite 1A

St. Augustine, FL 32086

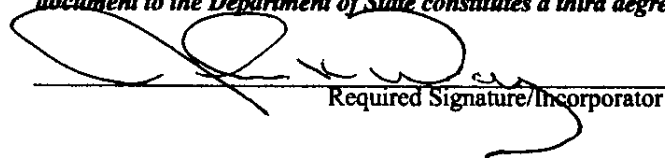
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/31/2014

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

12/31/2014

Date