

DISC000006553

(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



100267699341

01/22/15--01004--003 **78.75

FILED
15 JAN 22 AM 6:39
SECRETARY OF TREASURY
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: EWING FAMILY CHIROPRACTIC, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: SCOTT EWING
Name (Printed or typed)

25 OLD FERRY RD.
Address

SHALIMAR, FL 32579
City, State & Zip

850-217-9960
Daytime Telephone number

SEEWAVEDR@COX.NET
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: EWING FAMILY CHIROPRACTIC, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

705 WEST JOHN SIMS PARKWAY
NICEVILLE, FL 32578

25 OLD FERRY RD.
SHALIMAR, FL 32579

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHIROPRACTIC SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT EWING, PRESIDENT

Name and Title: GWENDOLYN EWING

Address 25 OLD FERRY RD.
SHALIMAR, FL 32579

Address: 25 OLD FERRY RD.
SHALIMAR, FL 32579

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JAN 22 AM 6:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

(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: SCOTT EWING

Address: 25 OLD FERRY RD.

SHALIMAR, FL 32579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

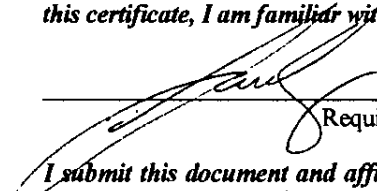
Name: SCOTT EWING

Address: 25 OLD FERRY RD

SHALIMAR, FL 32579

FILED
15 JAN 22 AM 6:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1-19-2015
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

1-19-2015
Date