

COVER LETTER

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

SUBJECT: Inspire Chiropractic, P.A.
(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: Andrew M. Nolt
Name (Printed or typed)

1071 Keystone Drive Unit #E
Address

Jupiter, Fl. 33458
City, State & Zip

717-413-9873
Daytime Telephone number

anolt@student.life.edu
E-mail address: (to be used for future annual report notification)

FILED
15 FEB - 5 PM 2: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED

15 FEB -5 PM 2:09

ARTICLE I NAME

The name of the corporation shall be:

Inspire Chiropractic, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1071 Keystone Drive Unit #E

Jupiter, Fl. 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide chiropractic services to the public

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew M. Nolt, P.S.T. Name and Title: _____

Address 1071 Keystone Drive Unit #E Address: _____

Jupiter, Fl. 33458 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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:

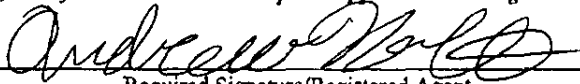
Name: Andrew M. Nolt
 Address: 1071 Keystone Dr. Unit #E
Jupiter, Fl. 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

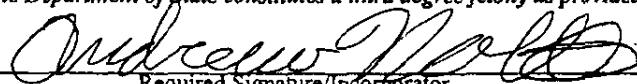
Name: Andrew M. Nolt
 Address: 1071 Keystone Dr. Unit #E
Jupiter, Fl. 33458

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

1/27/15
 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

1/27/15
 Date

FILED
 15 FEB - 5 PM 2: 09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA