

P/5000026942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

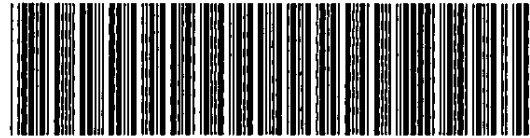
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/13/15--01010--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 20 AM 11:53

W15- 3190

a 03/23/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2015

VIVIAN EBERT
5270 TAMARIND RIDGE DR.
NAPLES, FL 34119

SUBJECT: COLLIER COUNTY CHIROPRACTIC SOCIETY
Ref. Number: W15000003190

3-17-15
Rent Check
for 35.00
+ 8.75
43.75
non-profit

We have received your document for COLLIER COUNTY CHIROPRACTIC SOCIETY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Enclosed for your convenience is a blank form for a NON-PROFIT Incorporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 415A00000937

RECEIVED
15 JAN 20 PM 4:04
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Corp. Collier County Chiropractic Society
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Dr. Vivian Ebert (PRESIDENT OF SOCIETY)
Name (Printed or typed)

5270 TAMARIND RIDGE DR -
Address

Naples, FL 34119
City, State & Zip

239-498-2225 office
Daytime Telephone number

drebert@livingwellfl.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: COLLIER COUNTY CHIROPRACTIC SOCIETY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10020 Coconut Pt #134

Bonita Springs, FL 34135

Mailing address, if different is:

5270 Tamarind Ridge Dr.

Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A LOCAL CHIROPRACTIC group
to come together. we are part of Florida
Chiropractic Association.
We want to educate the public and be a part of our
community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. VIVIAN EIBERT Name and Title: _____

Address: 5270 TAMARIND RIDGE Address: _____
DR
NAPLES, FL 34119

Name and Title: DR. TANYA HORSTEN Name and Title: _____

Address: 27970 CROWN Address: _____
LAKE BLVD. Ste 1
Bonita Springs FL 34135

Name and Title: DR. MICHAEL SIEGMA Name and Title: _____

Address: 3940 Radio Address: _____
Ste. 105
Naples FL
34104

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DIVISION OF CORPORATIONS
15 MAR 20 AM 11:53

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: VIVIAN EBERT

Address: 5270 TAMARIND RIDGE DR.
NAPLES, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VIVIAN EBERT

Address: 5270 TAMARIND RIDGE DR.
NAPLES, FL 34119

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

Vivian Ebert

Required Signature of Registered Agent

2-4-15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Vivian Ebert

Required Signature of Incorporator

2-4-15

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 20 AM 11:53