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5/28

COVER LETTER

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

SUBJECT: JOSEPH VISTITSKY, D.C., 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: JOSEPH VISTITSKY, D.C.  
Name (Printed or typed)

1842 Sod Drive  
Address

FORT WALTON BEACH, FL 32547  
City, State & Zip

850/714-7624  
Daytime Telephone number

ASKDRVISTITSKY@GMAIL.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: JOSEPH VISTITSKY, D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 12671 EMERALD COAST PARKWAY
SUITE # 217-1
MIRAMAR BEACH, FL 32550-8319
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PRACTICE THE PROFESSION OF CHIROPRACTIC RENDERING THAT TYPE OF SERVICE AND SERVICES THERETO.

ARTICLE IV SHARES

The number of shares of stock is: 4,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH VISTITSKY - President
Address: 1842 Sod DRIVE
FORT WALTON BEACH, FL 32547
Name and Title: Secretary
Treasurer
Director

Name and Title:
Address:
Name and Title:
Address:
Name and Title:
Address:
Name and Title:
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: JOSEPH VISTITSKY, D.C.  
Address: 1842 Sod Drive  
Fort Walton Beach, FL 32547

15 MAY 26 AM 11:59  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JOSEPH VISTITSKY, D.C.  
Address: 1842 Sod Drive  
Fort Walton Beach, FL 32547

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

[Signature]  
Required Signature/Registered Agent

05-21-2015  
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.*

[Signature]  
Required Signature/Incorporator

05-21-2015  
Date