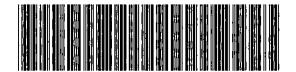
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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
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COVER LETTER

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

SUBJECT: J	BJECT: JOSEPH VISTITSKY, D.C., P.A.				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an origina	al and one (1) copy of the ar	rticles of incorporation and	l a check for:		
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	3	ADDITIONAL CO	T REQUIRED		
FROM:	JOSEPH VI	STITSKY, D. ne (Printed or typed)	.C.		
•	342 Sod D				
For	rt Walton	V Beach, F	1 32547		
	850/714-763 Daytime		·····		
	ASKORVISTI	•			
2 mail addition (10 of acta for farmer 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)

The name of the corporation shall be: Jose	EPH VISTITSK	Y, D.C., P.A.
ARTICLE II PRINCIPAL OFFICE Principal street address 1267/EMERAL & COAS	-	g address, if different is:
Suite #217-1		
MIRAMAR BEACH, F.	L32550-8319	26
ARTICLE III PURPOSE The purpose for which the corporation is organized	is:	
TO PRACTICE THE PR RENDERING THAT TYP	coression of C	HIROPRUCTIC
RENDERING THAT TY	PE OF SPRUICE AN	N SORVICES
THERETO.		
ARTICLE V SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR D. Name and Title: TOSEPH VIS. Address 1842 Sod I. FO2T WALTON	irectors presiden	Tarypel easurector
Name and Title: TOSEDH VIS	TITSKY Name and Title: 10	eripe
Address 1842 5 od 1	NRIVE Address:	
FOST WALTON	BeacH, FL 32547	
•	• • • • • • • • • • • • • • • • • • • •	
Name and Title:	Name and Title:	
Address	Address:	
	/ \	
Name and Title:	Name and Title:	
Address	Address:	
<u> </u>		

Name and Title:	Name and Title:	
Address	Address:	
		-
		ingline of the control of the contro
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:	75- 125-
		1 2
Name: <u>Joseph Vist</u> Address: <u>1842 Sod I</u>	Nation.C.	DY
	=	manus s manus s ma manus s ma ma ma manus s ma ma ma ma ma ma ma ma ma ma ma ma ma
Fort Walter	N Beach, FL 32547	AN II: 59
ARTICLE VII INCORPORATOR		<u>₽</u> *
The <u>name and address</u> of the Incorporator is:		
Name: JOSEPH VIS	TITSKY, D.C.	
Address: 1842 Sod	TITSKY, D.C.	
FORT Walk	TON BEACH, FL 3254	7
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be a days after the filing.)	(OPTIONAL)	r
Note: If the date inserted in this block does not rethe document's effective date on the Department		s, this date will not be listed as
Having been named as registered agent to accept this certificate, I am familiar with and accept the		
		05-21-2015
Required Signature/Re	gistered Agent	Date
I submit this document and affirm that the fact document to the Department of State constitutes		
		05-21-2015
Required Signature Incorporator		Date