

P15000054931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

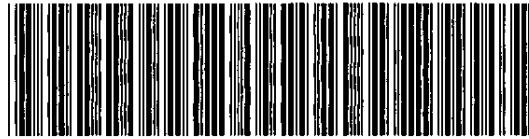
(Document Number)

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15 JUN 24 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Bush JUN 29 2015

## COVER LETTER

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

**SUBJECT:** Ft. Lauderdale Family 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      ☐ \$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:** Dr. Michael J. Cohen  
\_\_\_\_\_  
Name (Printed or typed)  
  
1848 N. Nob Hill Road  
\_\_\_\_\_  
Address  
  
Plantation, Florida 33322  
\_\_\_\_\_  
City, State & Zip  
  
(954) 476-8884  
\_\_\_\_\_  
Daytime Telephone number  
  
mickeydc@aol.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: Ft. Lauderdale Family Chiropractic, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3020 E. Commercial Blvd.

1848 N. Nob Hill Road

Ft. Lauderdale, Fl. 33308

Plantation, Fl. 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Purpose of this Professional Association is to run a  
Chiropractic Clinic

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Michael J. Cohen Owner

Name and Title: \_\_\_\_\_

Address 1848 N. Nob Hill Road

Address: \_\_\_\_\_

Plantation, Florida 33322

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: Dr. Michael J. Cohen  
Address: 1848 N. Nob Hill Road  
Plantation, Fl 33322

**ARTICLE VII INCORPORATOR**

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

Name: Dr. Michael J. Cohen  
Address: 1848 N. Nob Hill Road  
Plantation, Fl. 33322

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/22/2015 (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*

\_\_\_\_\_  
Required Signature/Registered Agent

06/22/2015

\_\_\_\_\_  
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

06/22/2015

\_\_\_\_\_  
Date