

PISOWW93353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

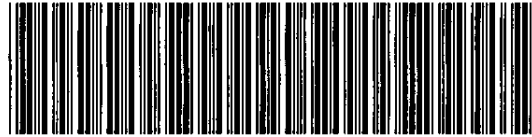
Special Instructions to Filing Officer:

Office Use Only

WISOWW93353

NOV 18 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2015

RECEIVED NOV 16 2015

RICHARD M. DAVIDSON
1449 YAMATO ROAD, SUITE 2
BOCA RATON, FL 33431

SUBJECT: TOTALITY HEALTH, P.A.
Ref. Number: W15000071694

We have received your document for TOTALITY HEALTH, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 915A00022920

COVER LETTER

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

SUBJECT: Totality Health, PA

(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: Richard M. Davidson

Name (Printed or typed)

1449 Yamato Road, Suite 2

Address

Boca Raton, FL 33431

City, State & Zip

561-826-3808

Daytime Telephone number

rich@drrichchiro.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: Totality Health, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1449 Yamado Road

Suite 2

Boca Raton, FL, 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to enhance health, increase performance, and rehabilitate injuries

through management, education, and service. This is accomplished using medical, chiropractic, and physical therapy methods.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard M. Davidson, Owner *President*

Name and Title: _____

Address 1449 Yamato Road

Address: _____

Suite 2

Boca Raton, FL 33431

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Richard M. Davidson _____

Address: 1449 Yamato Road, Suite 2 _____

Boca Raton, FL 33431 _____

ARTICLE VII INCORPORATOR

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

Name: Richard M. Davidson _____

Address: 1449 Yamato Road, Suite 2 _____

Boca Raton, FL 33431 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/05/2015 _____ (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

10/5/2015
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

10/5/2015
Date