Divis	ion of	Corporation Corporation Lorida Department of State Division of Corporations Electronic Filing Cover Sheet	<sup>2</sup>
		Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000107481 3)))	-
		H160001074013ABC Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	S
		To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 ter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.**	iture
RECEIVED	16 APR 29 PH 4: 12	Email Address:   FLORIDA PROFIT/NON PROFIT CORPORATION   KATHRYN GOLDEN DC PA   Certificate of Status   O   Certificate of Status   O   Certified Copy   I   Page Count   O4   Estimated Charge	SECCEDARY OF STATE
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# ARTICLES OF INCORPORATION OF

# KATHRYN GOLDEN DC PA

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2:00

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

#### ARTICLEI

The name of this Corporation shall be:

# KATHRYN GOLDEN DC PA

### ARTICLE II

The principal place of business/mailing address is:

530 LAVERS CIRCLE, # 158 DELRAY BEACH, FL 33444

#### ARTICLE III

The specific nature of business to be transacted by the professional association is to engage in the practice of Chiropractic Services.

### ARTICLE IV

This corporation is anthorized to issue one hundred shares of one-dollar (1.00) par common stock.

#### ARTICLE V

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of this Corporation are:

KATHRYN J. GOLDEN 530 LAVERS CIRCLE, # 158 DELRAY BEACH, FL 33444

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## <u>ARTICLE VI</u>

The name and address of the initial registered agent of this corporation is:

KATHRYN J. GOLDEN 530 LAVERS CIRCLE, #158 DELRAY BEACH, FL 33444

### ARTICLE VII

The name and address of the incorporator of this corporation is:

KATHRYN J. GOLDEN 530 LAVERS CIRCLE, # 158 DELRAY BEACH, FL 33444

Kathanna Helder

\_4/29/16 DATE

16 APR 29 PH 2: 00

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## CERTIFICATE OF DESIGNATION

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## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

# KATHRYN GOLDEN DC PA

The name and address of the registered agent and office is:

### KATHRYN J. GOLDEN 530 LAVERS CIRCLE, #158 DELRAY BEACH, FL 33444

Having been named as registered agent and to accept service of process for the above stated Corporation ar the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all atautes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

KATHRYN J. GOLDEN INCORPORATOR <u> 1/29/16</u> DATE

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