Division of Corporations **Electronic Filing Cover Sheet**

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Phone

: (305)634~3694

Fax Number

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**Enter the email address for this business entity to be used for Aguire annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION BARNARD CHIROPRACTIC, HEALTH, SPORTS & WELLNESS, INC.

Certificate of Status	0
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Corporate Filing Menu

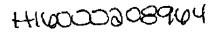
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CORP USA

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COVER LETTER

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

SUBJECT: Barnard Chiropractic, Health, Sports & Wellness, (PROPOSED CORPORATE NAME - MUST INCLUDE SUPPLY)				
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	

FROM-	Dr. Michael Barnard, Jr.
, 100,110.	Name (Printed or typed)
	1209 W. Broward Boulevard
	Address
	Fort Lauderdale, FL. 33312-1640
	City, State & Zip
	561-756-0088
	Daytime Telephone number
,	MRBarnardDC@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)

The name of the corpor	ME Barnard Chiropractic	, Health, Sports & We	liness, Inc.
ARTICLE II PR	INCIPAL OPPICE Principal street address	Mailing address,	if different is:
1209 W. Brow	•	•	
Fort Lauderda	ale, FL 33312-1640		
ARTICLE IN PUR The purpose for which	RPOSE the corporation is organized is: The gen	eral purpose for which	this corporation
	shall be to engage in chira		
wellness and	to engage in any lawful ac	tivity or transact any	lawful business
for which a co	orporation may be incorpo	rated under the Flori	da General
Corporation A	Act.		
			Fee
7			CR A
APTICIP IV SH	IAPES 1000 m #1 00 m		See C
The number of shares of	IARES 1000 @ \$1.00 per St	nare	
ARTICLE V IN	TTIAL OFFICERS AND/OR DURECTO	D:R	
	_{tle:} Michael Barnard, JrPresiden		
Address	1209 W. Broward Blvd	Address:	
	Fort Lauderdale,		
	Florida 33312-1640		
No 4 T4	1	N	
	le:		
Address		Address:	
			
Name and Tit.	le;	Name and Title:	
Address			_
		-	

(conti)

Name and	Title:	Name and Title:	
Address		Address:	
			,
	PEGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Deborah A. Carle	20 FA	
Address:	6705 NW 58th Street	2016 AUG SECRETALLAHA	*** ; .
	Tamarac, FL 33321-5725	UG 2	Richia v Pyrasyle
ARTICLE VII	INCORPORATOR	23 PH (grange grange
The name and no	dress of the Incorporator is:	<u>ြွှဲ့ မှ</u>	•
Name:	Deborah A. Carle		
Address:	6705 NW 58th Street	-	
	Tamarac, FL 33321-5725	<u>5</u>	
Having been nu this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as re	as for the above stated corporation at the place designated egistered agent and agree to act in this capacity	in .
Delo	what, Carle	8/23/16	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree folor	e true. I am aware that the false information submitted l ony as provided for in s.817.155, F.S.	n a
Holi	outh. Carle	8/23/16	
	Required Signature/Incorporator	Date	-