

# P16000069671

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6381

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Fax Number : (305) 633-9696

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

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

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

114893

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Corporate Filing Menu

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(4)

COVER LETTER

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

SUBJECT: Barnard Chiropractic, Health, Sports & Wellness, Inc.  
(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: Dr. Michael Barnard, Jr.  
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)

**ARTICLE I NAME**  
The name of the corporation shall be: Barnard Chiropractic, Health, Sports & Wellness, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

1209 W. Broward Blvd  
Fort Lauderdale, FL 33312-1640

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The general purpose for which this corporation  
is organized shall be to engage in chiropractic care for health, sports and  
wellness and to engage in any lawful activity or transact any lawful business  
for which a corporation may be incorporated under the Florida General  
Corporation Act.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000 @ \$1.00 per Share

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

Name and Title:	<u>Michael Barnard, Jr.-President</u>	Name and Title:	_____
Address	<u>1209 W. Broward Blvd</u>	Address:	_____
	<u>Fort Lauderdale,</u>		_____
	<u>Florida 33312-1640</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FLORIDA

(cont.)

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: Deborah A. Carle  
Address: 6705 NW 58th Street  
Tamarac, FL 33321-5725

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Deborah A. Carle  
Address: 6705 NW 58th Street  
Tamarac, FL 33321-5725

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

Deborah A. Carle

Required Signature/Registered Agent

8/23/16

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.

Deborah A. Carle

Required Signature/Incorporator

8/23/16

Date