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COVER LETTER

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

SUBJECT: New Dimensions Chiropractic Center 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: Andrew J Lewis Jr
Name (Printed or typed)

1560 Capital Cir NW ste 19
Address

Tallahassee, FL 32303
City, State & Zip

850 765-3039
Daytime Telephone number

Drajlouis@outlook.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: New Dimensions Chiropractic Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1500 Capital Cir NW #19
Tallahassee FL 32303

Mailing address, if different is:

~~1500~~
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit Chiropractic ^{facility} providing
chiropractic services to the public

ARTICLE IV SHARES

The number of shares of stock is: ~~1~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew J Lewis Owner CEO Name and Title: _____
Address: 331 Carter Rd Address: _____
Quincy FL 320351

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

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

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: Andrew J Lewis Sr

Address: 307 Federal Pt. Rd
Hastings, FL 32145

SECRET
TALLAHASSEE - ORIDA

16 DEC 13 PM 1:30

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew J Lewis Jr

Address: 1560 Capital Cir NW #19
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1, 2017 (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

Andrew J Lewis Jr

Required Signature/Registered Agent

12/1/2016
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.

[Signature]

Required Signature/Incorporator

11/28/2016
Date