

P17000020560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

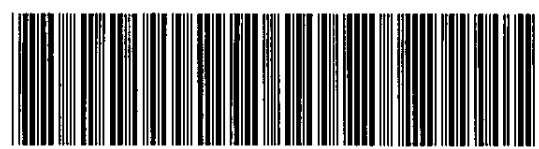
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/07/16--01035--013 **78.75

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17 MAR -8 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-076348

h 03/09/17

FROM THE DESK OF

DR. ALAN G. KHIGER, D.C.

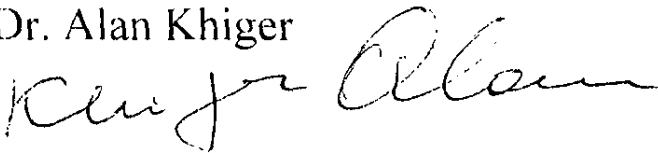
Dr. Alan Khiger
6320 St Augustine rd ste 10
Jacksonville, Fl 32217
904-701-3916

Dear, Thomas Chains

Please accept the amended filing of the corporations for Sober Jax Inc form # W16000076348. Please don't hesitate to contact me shall you have any questions.

Sincerely,

Dr. Alan Khiger

A handwritten signature in cursive script, appearing to read "Alan Khiger", written in black ink.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2016

ALAN KHIGER
6320 ST. AUGUSTINE RD., STE. 10
JACKSONVILLE, FL 32217

SUBJECT: SOBER JAX INC
Ref. Number: W16000076348

We have received your document for SOBER JAX INC 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 316A00024191

COVER LETTER

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

SUBJECT: Sober Jax 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: ALAN KHIGER
Name (Printed or typed)

6320 St Augustine Rd Ste 10
Address

JACKSONVILLE, FL 32217
City, State & Zip

904.701.3916
Daytime Telephone number

SOBER JAX@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:

SOBER JAX INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2907 Spring Glen Rd
JAX, FL 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Addiction treatment
Facility

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

\$0.01 per share of 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	President	Name and Title:	ALAN KHIGER D.C.
Address:	2907 Spring Glen Rd JAX, FL 32207	Address:	same
Name and Title:	Director	Name and Title:	ALAN KHIGER D.C.
Address:	2907 Spring Glen Rd JAX, FL 32207	Address:	same
Name and Title:	Initial officer	Name and Title:	ALAN KHIGER D.C.
Address:	2907 Spring Glen Rd JAX, FL 32207	Address:	same

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:

2907 Spring Glen Rd ALAN KNIGER

Address:

2907 Spring Glen Rd
TAX, FL 32207

ARTICLE VII INCORPORATOR

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

Name:

ALAN KNIGER

Address:

400 E Bay St Apt 1401
TAX, FL 32202

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Alan Kniger
Required Signature/Registered Agent

3/6/2012
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.

Alan Kniger
Required Signature/Incorporator

3/6/2012
Date