Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION CHRISTOPHER J. KESSLER DC PA

Certificate of Status 1 Certified Copy Page Count 04 \$78.75 Estimated Charge

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ARTICLES OF INCORPORATION OF

CHRISTOPHER J. KESSLER DC PA

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

ARTICLE I

The name of this Corporation shall be:

CHRISTOPHER J. KESSLER DC PA

ARTICLE II

The principal place of business/mailing address is:

5048 HARBOUR DRIVE OXFORD, FL 34484

<u>ARTICLE III</u>

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 authorized 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:

CHRISTOPHER J. KESSLER 5048 HARBOUR DRIVE OXFORD, FL 34484. DIVISION OF CORPORATION

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ARTICLE VI

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

CHRISTOPHER I KESSLER 5/48 BARBOUR DRIVE OXFORD, FL 34484

ARTICLEYU

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

CHRISTOPHER I. KESSLER 5048 HARBOUR DRIVE OXFORD, FL 34484

CHRISTOPPIER J. KESSLER ANCORPORATOR

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CERTIFICATE OF DESIGNATION

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:

CHRISTOPHER J. KESSLER DC PA

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

CHRISTOPMER J. KESSLER 5048 HARBOUR DRIVE OXFORD, FL34484

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

THOSE OFFICE I RESSEE OF THE CONTROLLED