

From: Tax Savers 1.941.625.1526 Tue Oct 16 14:57:01 EDT Page 1 of 2
Division of Corporations
P18000084470
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000300203 3)))



H180003002033ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : T20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

2018 OCT 16 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: crest@taxsavers-fl.net

FLORIDA PROFIT/NON PROFIT CORPORATION
Community Chiropractic Center, PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

OCT 17 2018

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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: Community Chiropractic Center, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2866 Tamiami Tr Ste C

2866 Tamiami Tr Ste C

Port Charlotte, FL 33952

Port Charlotte, FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Doctor of Chiropractic

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricky L Mentzer - President

Name and Title:

Address: 21426 Sheldon Ave

Address:

Port Charlotte, FL 33952

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2018 OCT 16 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ricky L. Mentzer
Address: 21426 Sheldon Ave
Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ricky L. Mentzer
Address: 21426 Sheldon Ave
Port Charlotte, FL 33952

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

Ricky L. Mentzer

Required Signature/Registered Agent

10/16/2018

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.

Ricky L. Mentzer

Required Signature/Incorporator

10/16/2018

Date