

1/19/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954)428-8899  
Fax Number : (954)428-6699

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

Email Address: RICHARD@AYSSALES.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
DR. SHARON Z ZADANOFF, P.A.

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE  
TALLAHASSEE, FL

2018 NOV 19 PM 4:28

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**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: DR. SHARON Z. ZADANOFF, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3024 E SIGNATURE DRIVE #908

Mailing address, if different is:

DAVIE, FL 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CHIROPRACTOR

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: SHARON Z. ZADANOFF, PRES.

Name and Title: \_\_\_\_\_

Address 3024 E SIGNATURE DR #908

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

DAVIE, FL 33314

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: RICHARD ZADANOFFAddress: 6562 BOCA DEL MAR DR. #128BOCA RATON, FL 33433**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RICHARD ZADANOFFAddress: 6562 BOCA DEL MAR DR. #128BOCA RATON, FL 33433**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*

  
Required Signature/Registered Agent

11/16/18  
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.*

  
Required Signature/Incorporator

11/16/18  
Date