

\*\*\*Please give original submission date of 9/29/2020\*\*\*

PRO000077151

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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((H20000339628 3)))



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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I2C160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*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**  
**AIRROSTI FLORIDA, P. A.**

\*\*\*Please give  
original submission  
date of 9/29/2020

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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October 1, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: AIRROSTI FLORIDA, P.C.  
REF: W20000112667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If you have any further questions concerning your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H20000339628  
Letter Number: 020A00018919

**Leslie Sellers**

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**From:** faxfinder@capitol-services.com  
**Sent:** Tuesday, September 29, 2020 5:11 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20200929\_161053\_00003A39-0000.pdf

Create Time: 09/29/2020 04:08:40 PM

Schedule Time: 09/29/2020 04:10:53 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc.

Subject: H20000339628 3

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

DocuSign Envelope ID: E04DABC1-F7BA-4445-B82A-FC25C1B44826

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**COVER LETTER**

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

**SUBJECT:** Airrosti Florida, P.A.

(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:** Capitol Services - Corporate Filings Team

Name (Printed or typed)

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City, State &amp; Zip

(855) 498 - 5500

Daytime Telephone number

accounting@airrosti.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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DocuSign Envelope ID: E04DABC1-F7BA-4446-B82A-FC25C1B44826

**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: Airrosti Florida, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

111 Tower Dr. Bldg. 1111 Tower Dr. Bldg. 1San Antonio, TX 78232San Antonio, TX 78232**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chiropractic Services**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dr. Jason Garret, President

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

Address 111 Tower Dr. Bldg. 1

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

San Antonio, TX 78232

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

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

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

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

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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: Capitol Corporate Services, Inc.  
Address: 515 East Park Avenue 2nd Fl  
Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Dr. Jason Garrett  
Address: 111 Tower Dr. Bldg. 1  
San Antonio, TX 78232

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/01/2020 (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*

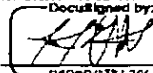


Kim Tadlock, as Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

Required Signature/Registered Agent

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

September 29, 2020 | 11:09 AM

Date

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2020 SEP 29 PM 4:45  
STATE  
FL

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