

P21 0000 42475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

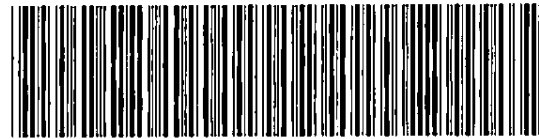
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2021 MAY 10 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 10 PM 2:51

RECEIVED

T. CLINE

MAY 11

EXAMINER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 5/10/2021 Glinda

☐ **CERTIFIED COPY**

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XX **FILING**

ARTICLES

1. **EZ CARE CHIROPRACTIC CLINIC, INC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

COLLECTED 10 AM 05:57

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: EZ Care Chiropractic Clinic, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Franzto Francois
Name (Printed or typed)

437 E. Atlantic Blvd Ste 2
Address

Pompano Beach, FL 33060
City, State & Zip

561-788-2554
Daytime Telephone number

frantz86f@gmail.com
E-mail address: (to be used for future annual report notification)

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

2010 JUN 10 AM 3:57

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: EZ Care Chiropractic Clinic, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
437 E. Atlantic BLVD Ste 2
Pompano Beach, FL 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health Care, Chiropractic

ARTICLE IV SHARES

The number of shares of stock is: 100.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Franzto Francois, President Name and Title: _____

Address 933 Mill Rd LN Address: _____

Port Orange, FL 32127 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Franzto Francois

Address: 437 E. Atlantic Blvd Ste 2

Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Franzto Francois

Address: 933 Mill Rd LN

Port Orange, FL 32127

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

5/10/2021
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

5/10/2021
Date

2021 MAY 10 AM 11:57