

P25000013079

36-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

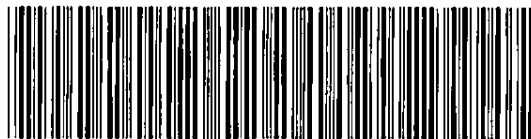
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/25--01001--013 157.50

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STATE
2025 JAN 24 PM 16:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2025

RYAN GUTIERREZ
4131 CAMINO COYOTE SUITE B
LAS CRUCES, NM 88011 US

SUBJECT: FAMILY FIRST CHIROPRACTIC P.C.
Ref. Number: W25000011067

RECEIVED

2025 FEB 19 AM 8:13

FILED

We have received your document for FAMILY FIRST CHIROPRACTIC P.C. and check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew H Hitchcock
Regulatory Specialist II

Letter Number: 825A00001882

COVER LETTER

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

SUBJECT: Foreign Corporation Domesticating to Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Ryan Gutierrez

Name (printed or typed)

4131 Camino Coyote Suite B

Address

Las Cruces, NM 88011

City, State & Zip

(575)680-0510

Daytime Telephone Number

FamilyFirstChiro@yahoo.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Ryan Gutierrez President
(Name) (Title)

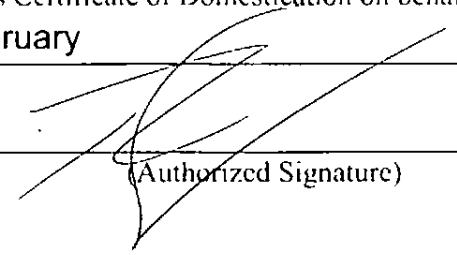
of Family First Chiropractic, P.C. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 15 2007
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Las Cruces, NM
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Family First Chiropractic, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Full Bloom Chiropractic Corp.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Las Cruces, NM
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am president of Family First Chiropractic, P.C.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12 day of February 2025


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
CLERK OF STATE
CORPORATIONS
25 JAN 21 PM 6:56

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Full Bloom Chiropractic Corp.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

115 Land Grant #3

115 Land Grant #3

Saint Augustine, FL 32092

Saint Augustine, FL 32092

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in and carry on the business of chiropractic practicing

as a licensed chiropractor. Chiropractic services shall include diagnosis,

evaluation and all forms of chiropractic treatment and services associated

with the practice of chiropractic medicine in the state of Florida.

ARTICLE IV SHARES 100,000
THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Ryan Gutierrez (Director)

115 Land Grant #3

Saint Augustine, FL 32092

Title/Name

Ryan Gutierrez (President)

115 Land Grant #3

Saint Augustine, FL 32092

Title/Name

Heather Gutierrez (Director)

115 Land Grant #3

Saint Augustine, FL 32092

Title/Name

Heather Gutierrez (Secretary-Treasurer)

115 Land Grant #3

Saint Augustine, FL 32092

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

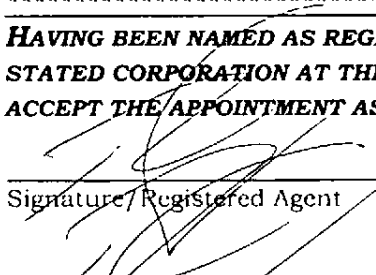
Ryan Gutierrez
115 Land Grant #3
Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Ryan Gutierrez
115 Land Grant #3
Saint Augustine, FL 32092

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

02/12/2025

Date

Signature/Incorporator

02/12/2025

Date

FILED
CLERK OF STATE
CORPORATIONS
25 JAN 24 PM 6:56