P25000013079

3.6.25

(Requestor's Name)

(Address)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2025 FEB 19 AM 8:13
TALLAHASSEE, FL

January 29, 2025

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

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

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 (Name), President (Title),

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

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
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TALLAHASSEE, FLORIDA

INHS53 (12/12)

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
THE NUMBER OF SHARES OF STOCK IS: 100,000

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 — Date: 02/12/2025

Signature/Incorporator — Date: 02/12/2025

FILED
25 JAN 24 PM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA