

19500070063
TRANSMITTAL LETTER

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

000000015828163
09/12/95 10:10:14
*****70.00 *****70.00

SUBJECT: MOBILE CHIROPRACTIC CARE, INC.
(Proposed corporate name - must include suffix)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

will wait

FROM:

DR. JAY LIEBMAN
Name (printed or typed)

P.O. Box 3661
Address

HALLOWDALE, FL. 33008
City, State & Zip

(305) 947-4543
Daytime Telephone number

05 SEP 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9/12/95
18

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

25 SEP 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MOBILE CHIROPRACTIC CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. BOX 7661
HALLANDALE, FLORIDA 33008

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANDREA ROSEN LIEBMAN
10174 MANGROVE DR.
Boynton Beach, FL.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

2 DIRECTORS

JAY LIEBMAN / ANDREA ROSEN LIEBMAN
3732 N.E. 167ST.
N. MIAMI BEACH, FL. 33160

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of Sept., 19 95

Dr. Jay Lieberman
Signature

Andrea Rosen Lieberman
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Mobile Chiropractic Center.

2. The name and address of the registered agent and office is:

ANDREA ROSEN LIEBMAN
(NAME)

10174 MANROVE DR.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boynton Bch, FL.
(CITY/STATE/ZIP)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Andrea Rosen Liebman
(SIGNATURE)

9-12-95
(DATE)