

P96000038670

TRANSMITTAL LETTER

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

4000001778814  
-04/12/96--01003--005  
\*\*\*\*\*131.25 \*\*\*\*\*131.25

SUBJECT: DR. JEFFREY T. FARRELL, P.A.  
(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

FROM: DR. JEFFREY T. FARRELL  
Name (printed or typed)

13614 UNIVERSITY PLAZA  
Address

TAMPA, FL 33613-4649  
City, State & Zip

813-978-0020  
Daytime Telephone number

W96-8204

4-16-96

JD

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 16, 1996

DR. JEFFREY T. FARRELL  
13614 UNIVERSITY PLAZA  
TAMPA, FL 33613-4649

SUBJECT: DR. JEFFREY T. FARRELL, P.A.  
Ref. Number: W96000008204

We have received your document for DR. JEFFREY T. FARRELL, P.A. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

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 (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 396A00017647

## 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.

### ARTICLE I NAME

The name of the corporation shall be:

DR. JEFFREY T. FARRELL, P.A.

(PURPOSE - TO RENDER CHIROPRACTIC SERVICES TO THE PUBLIC)

### ARTICLE II PRINCIPAL OFFICE

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

13614 UNIVERSITY PLAZA  
TAMPA, FL 33613-4649  
(813) 978-0020

### ARTICLE III SHARES

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

100 SHARES OF STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. JEFFREY T. FARRELL  
13614 UNIVERSITY PLAZA  
TAMPA, FL 33613-4649

**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):

DR. JEFFREY T. FARRELL

13614 UNIVERSITY PARK

TAMPA, FL 33613-4649

813-978-0020

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

9<sup>th</sup> day of APRIL, 19 96.

(An additional article must be added if an effective date is requested.)

  
Signature

Signature

Signature

**Notarization is not required**

**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:

DR. JEFFREY T. FARRELL, P.A.

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

DR. JEFFREY T. FARRELL  
(NAME)

13614 UNIVERSITY PLAZA  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA, FL 33613-4649  
(CITY/STATE/ZIP)

FILED  
95 MAY -6 AM 10:52  
TALLAHASSEE, FLORIDA

*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.*

  
(SIGNATURE)

4/9/96  
(DATE)