

# P96000051015

DATE June 11, 1996

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

100001861481  
-06/13/96--01047--018  
\*\*\*122.50 \*\*\*122.50

Re: Plantation Chiropractic Center, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Paul Perez

(individual's name)

International Financial Corp

(name of corporation)

MAILING ADDRESS OF CORPORATION		
2141 SW 114 Ave		
DAVIE FL 33327		
PHONE		
Area Code	Number	Ext.
1954	423-8054	

63 6/14/96

# ARTICLES OF INCORPORATION

of

**PLANTATION CHIROPRACTIC CENTER, INC.**

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## **ARTICLE I - CORPORATE NAME**

The name of the corporation is: **PLANTATION CHIROPRACTIC CENTER, INC**

## **ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

## **ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## **ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue **FIVE HUNDRED** shares ( **500** ) of **ONE** Dollar(s) (\$ **1.00** ) par value Common Stock, which shall be designated "Common Shares."

## **ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The principal office, if known, or the mailing address of the corporation is:

NAME	<b>PLANTATION CHIROPRACTIC CENTER, INC.</b>		
ADDRESS	<b>1417 S. UNIVERSITY DR</b>		
CITY	<b>PLANTATION</b>	FLORIDA	ZIP <b>33324</b>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<b>RADOMIR PENJEVIC</b>		
ADDRESS	<b>1417 S. UNIVERSITY DR</b>		
CITY	<b>PLANTATION</b>	FLORIDA	ZIP <b>33324</b>

## **ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have **ONE** ( **1** ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<b>RADOMIR PENJEVIC</b>		
ADDRESS	<b>4971 SW 94TH AVE</b>		
CITY	<b>COOPER CITY</b>	STATE <b>FLORIDA</b>	ZIP <b>33328</b>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP



**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**PLANTATION CHIROPRACTIC CENTER, INC.**

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 1417 S. UNIVERSITY DR

PLANTATION, FLORIDA 33324

has named RADOMIR PENJEVIC

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
*(registered agent)*