

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matlor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED  
 DATE 8/2 \_\_\_\_\_  
 TIME 8:15 \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY h2 \_\_\_\_\_

WALK-IN  
 Will Pick Up \_\_\_\_\_

RE: CHEROKEE OIL INDUSTRIES, INC.

<input type="checkbox"/> Capital Express™	C.O. FEE	DISBURSED
<input checked="" type="checkbox"/> Art. of Inc. File	FILED	
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File	***122.50	***122.50
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX ( ) pgs.		

## SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

ARTICLES OF INCORPORATION  
OF  
CHIROPRACTIC ORTHOPEDISTS, INC.

I, HARVEY KALTSAS, undersigned subscriber of these Articles of Incorporation, a corporation for profit under the laws of the State of Florida.

ARTICLE I

The name of the corporation is: CHIROPRACTIC ORTHOPEDISTS, INC.

(a) The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

(b) The general nature of the business to be transacted by this corporation is:

The practice of chiropractic orthopedics.

To do any or all of the things to the same extent as natural person might or could do, and in any part of the world as principals, agents, contractors or otherwise, alone or in company with others, and to do and perform all such other things and acts as may be necessary, profitable or expedient in carrying on any lawful business or acts.

The intention is that none of the objects and powers as hereinabove set forth, except where otherwise specified in this Article, shall be in anywise limited or restricted by reference to or inference from the terms of any other objects, powers or clauses of this Article or any other Article, but that the objects and powers specified in each of the clauses in this Article shall be regarded as independent objects and powers.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is Five Hundred (500) shares of common stock, each share having the par value of One Dollar (\$1.00).

Authorized capital stock may be paid for in cash, services, or property, at a just value to be fixed by the Board of Directors of this corporation at any regular or special meeting, except that stock issued pursuant to the provisions of Internal Revenue Code 1244 shall be issued only for money or other property (other than stock or securities).

#### ARTICLE IV

The amount of capital with which this corporation shall begin business is Five Hundred Dollars (\$500.00).

#### ARTICLE V

This corporation shall have perpetual existence.

#### ARTICLE VI

The initial street address of the principal address of this corporation is to be at: 505 S. Orange, Sarasota, Florida, Florida 34236. The Board of Directors, stockholder or stockholders may from time to time designate such other street address and place for the principal office of this corporation as it may see fit.

#### ARTICLE VII

This corporation initially will have no directors. The corporation shall be managed by the stockholders of the corporation and shall be deemed a close corporation as defined by Florida Statutes, as now in effect or as may be amended from time to time. The By-Laws may be amended to provide for the corporation to be managed by a Board of Directors instead of the stockholders, of not less than one (1) person as provided in the By-Laws.

#### ARTICLE VIII

The name and street address of the subscriber to these

Articles of Incorporation are as follow:

<u>NAME</u>	<u>ADDRESS</u>
Harvey Kaltsas	505 S. Orango Ave. Sarasota, FL 34236

ARTICLE IX

Pursuant to 607.164(h), Florida Statutes, the street address of the initial registered office of the Registered Agent is: 505 S. Orango Ave., Sarasota, Florida 34236. The undersigned names Harvey Kaltsas at the above address, as its Registered Agent to accept service of process within the State, and such person having been so named to accept said service, hereby agrees to act in said capacity.

ARTICLE X

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, I, the undersigned, have hereunto set my hand and seal this 1st day of Aug, 1996 for the purpose of organizing and incorporating this corporation to do business both within and without the State of Florida, in pursuance of the Corporation Law of the State of Florida, do make and file in the office of the Secretary of State of Florida these Articles of Incorporation, and certify that the facts herein stated are true.

Harvey Kaltsas  
Harvey Kaltsas

STATE OF FLORIDA

COUNTY OF SARASOTA

BEFORE ME personally appeared Harvey Kaltsas to me known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State named above, this 1st day of August, 1996.

Patricia A. Olson  
Notary Public  
State of Florida

Commission Expires:



PATRICIA A. OLSON  
MY COMMISSION # CC304400 EXPIRES  
August 7, 1998  
BONDED THRU TITLY FARM INSURANCE, INC.

DESIGNATION OF REGISTERED AGENT

Pursuant to Chapter 607.164(h), Florida Statutes, the undersigned Harvey Kaltsas has been named as Registered Agent of CHIROPRACTIC ORTHOPEDISTS, INC. to accept service of process within the State, and, having been so named to accept said service, hereby agrees to act in said capacity. The address of the registered agent is 505 S. Orange Ave., Sarasota, Florida 34236.

Harvey Kaltsas  
Harvey Kaltsas

STATE OF FLORIDA  
COUNTY OF SARASOTA

BEFORE ME personally appeared Harvey Kaltsas to me well known and known to me to be the individual described in and who executed the foregoing Designation of Registered Agent and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State named above, this 1st day of August, 1996.

Patricia A. Olson  
Notary Public  
State of Florida

My Commission Expires:



PATRICIA A. OLSON  
MY COMMISSION # CC384468 EXPIRES  
August 7, 1998  
BONDED THRU TITLY FARM INSURANCE, INC.



ACCOUNT NO.

## REFERENCE

### AUTHORIZATION

**COST LIMIT : \$ 35.00**

RECEIVED

96 OCT 14 PM 1:16  
0721000000000000  
DIVISION OF CONSTITUTION  
093420 900

90647A

Patricia Piguet  
\$ 35.00

ORDER DATE : September 20, 1996

ORDER TIME : 12:03 PM

ORDER NO. : 093420

CUSTOMER NO: 90647A

100001972591--9

CUSTOMER: Ms. Sharon Rannebarger  
Mr. George V. Famiglio, Jr.  
P. O. Box 3319

Sarasota, FL 34230

CHANGE OF AGENT

NAME: CHIROPRACTIC ORTHOPEDISTS,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY

CONTACT PERSON: Thelmon Washington

FILED  
96 OCT 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change  
10/14/96  
DC

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of \_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: CHIROPRACTIC ORTHOPEDISTS, INC.

1b. The mailing address of the corporation is: \_\_\_\_\_

1c. Date of Incorporation: August 2, 1996 Document number: P96000064643

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

Harvey Kaltsas

505 S. Orange Avenue

Sarasota, FL 34236

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Diane S. Faridad

505 S. Orange Avenue

Sarasota, FL 34230-5830

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

10/9/96  
(Date)

Diane S. Faridad, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Diane S. Faridad

By

(Signature of Registered Agent)

If signing on behalf of an entity:

Diane S. Faridad, President

(Typed or Printed Name)

(Capacity)

FILED  
66 OCT 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



P96000064643

ACCOUNT NO. : 072100000032  
REFERENCE : 093420 90647A  
AUTHORIZATION : Patricia P  
COST LIMIT : \$ 35.00

FILED  
97 MAR 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 20, 1996

ORDER TIME : 12:42 PM

ORDER NO. : 093420-010

CUSTOMER NO: 90647A

000002118320--7

CUSTOMER: Ms. Sharon Rannebarger  
Mr. George V. Famiglio, Jr.  
P. O. Box 3319

Sarasota, FL 34230

DOMESTIC AMENDMENT FILING

NAME: CHIROPRACTIC ORTHOPEDISTS,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS:

NC  
PKE  
3/19

RECEIVED  
97 MAR 19 PM 1:54



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

CHIROPRACTIC ORTHOPEDISTS, INC.

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**ARTICLE I:** The name of the corporation shall be:

**CHIROPRACTIC ORTHOPEDIST, INC.**

**FILED**  
97 MAR 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows: N/A

THIRD: The date of each amendment's adoption: October 4, 1996.

FOURTH: Adoption of Amendment(s) (CHECK ONE)

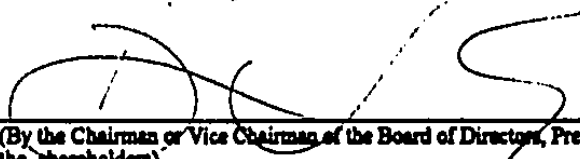
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 22nd day of October, 19 96.

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DIANE FARIDAD

Typed or printed name

PRESIDENT

Title