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TRANSMITTAL LETTER

FILED

96 AUG -9 PM 1:36

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SUBJECT: NATURAL BALANCE CHIROPRACTIC CORP.  
(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

☐ \$78.75

☐ \$122.50

☐ \$131.25

FROM:

Dottie Thibault  
Professional Legal Assistors

Name (printed or typed)

4018 W. Martin Avenue

Address

Las Vegas, NV 89118

City, State & Zip

(702) 260-6551

Daytime Telephone number

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

TH  
8-13-96

**ARTICLES OF INCORPORATION**  
**OF**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NATURAL BALANCE CHIROPRACTIC CORP.

*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:

NATURAL BALANCE CHIROPRACTIC CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

759 South Federal Highway, Suite 319, Stuart, FL 34994

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Carol Brannon, 759 South Federal Highway, Suite 319,  
Stuart, FL 34994

**ARTICLE V INCORPORATOR(S)**

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

Dottie Thibault, Professional Legal Assistors, 4108 W. Martin Avenue,  
Las Vegas, NV 89118

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

25th day of July, 1996.



Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: NATURAL BALANCE CHIROPRACTIC CORP.

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

Carol Brannon  
(Name)

759 South Federal Highway, Suite 319  
(P.O. Box not acceptable)

Stuart, FL 34994  
(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.*

Carol Brannon  
(Signature)