

TRANSMITTAL ROUTE

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GREEN COVE ^{Spring} Chiropractic Clinic PA
(Proposed corporate name - must include suffix)

FILED
96 DEC 27 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Certified Copy

☐ \$131.25
Filing Fee
Certified Copy
& Certificate

FROM:

William P. Yapp, D.C. - PH
Name (Printed or typed)

1212 IP/EW/20 NUF
Address

GREEN COVE SPRING

~~Orange~~ FL 32043
City, State & Zip

904- 284- 4868

Daytime Telephone number

will wait

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

12/2

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: GREEN COVE SPRINGS
CHIROPRACTIC CLINIC, P.A.

ARTICLE II PRINCIPAL OFFICE

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

1212 IDLEWILD AVE
GREEN COVE SPRINGS, FL.
32043

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William P Yapp, D.C., 
1212 IDLEWILD AVE
GREEN COVE SPGS FL
32043

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):

PRES. William P Yapp DC

SEC. MAY Yapp (WIFE)

3579 LAWRENCE AVE.

ORANGE PARK, FL. 32065

PURPOSE:

PRACTICE CHIROPRACTIC HEALTH CARE

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

27th day of DECEMBER, 19 96.

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

William P. Yapp DC, PA.
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:

GREEN COVE Springs Chiropractic Clinic, PA

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

William P. Yapp, D.C.
(NAME)

1212 IDLEWILD AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

GREEN COVE SPRINGS FL. 32083
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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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.

William P. Yapp, D.C.
(SIGNATURE)

12/27/96
(DATE)