

997000045569

TRANSMITTAL LETTER

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

600002187266--2
-05/21/97--01123--002
*****70.00 *****70.00

SUBJECT: MOBILE CHIROPRACTIC SERVICES, INC.
(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:

MOBILE CHIROPRACTIC SERVICES, INC.
Name (printed or typed)

P. O. Box 3661
Address

HALLANDALE, FL 33008
City, State & Zip

Daytime Telephone number

MAY 22 1997

FILED
97 MAY 21 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

FILED

97 MAY 21 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MOBILE CHIROPRACTIC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

*P.O. Box 3661
Hollendale, Fl. 33008*

ARTICLE III SHARES

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

(500) Five Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*JAY MARTIN LIEBMAN
3732 N.E. 167ST.
N. MIAMI BCH, FL. 33160*

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):

JAY MARTIN LIEBMAN DIRECTOR

ANDREA ROSEN LIEBMAN DIRECTOR

P.O. Box 3661

HALLANDALE, FL. 33008

3732 NE. 167ST.

N. Miami Bch, FL. 33160

mailing

Street address

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

20 day of MAY, 19 97

Jay Martin Liebman
Signature

Andrea Rosen Liebman
Signature

Signature

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**

FILED

97 MAY 21 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MOBILE CHIROPRACTIC
SERVICES, INC.

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

JAY MARTIN LIEBMAN
(NAME)

3732 NE 167ST.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N. Miami Bch, FL 33160
(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.

Jay Martin Liebman 5/20/97
(SIGNATURE) (DATE)