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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

P97000088559

Lakes Town Chiropractic  
Center, Inc.

✓ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File 200002319982--9  
-10/14/97--01048--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Name Reservation \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

✓ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status<sup>1</sup> \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
97 OCT 14 AM 11:31  
DIVISION OF CORPORATION

Requested by: Cher 10-14 1020  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

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97 OCT 14 AM 11:37  
DIVISION OF CORPORATION  
name

RP  
10-14-97

**ARTICLES OF INCORPORATION**

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DIVISION OF CORPORATIONS

97 OCT 14 PM 12:48

**OF**

**LAKES TOWN CHIROPRACTIC CENTER, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **LAKES TOWN CHIROPRACTIC CENTER, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 4477 N. State Road 7, Lauderdale Lakes, Florida 33319.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Barry Mittelberg, 4477 N. State Road 7, Lauderdale Lakes, Florida 33319.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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

The name and address of each member of the initial Board of Directors of the corporation is

Philip Schtupak

Lisa I. Schtupak

4477 N. State Road 7, Lauderdale Lakes, Florida 33319

The undersigned has executed these Articles of Incorporation this 14th day of October, 1997.

"Capital Connection, Inc. by Cheri Lyn Boucher , Client Representative"

Cheri Lyn Boucher

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SECRETARY OF STATE  
DIVISION OF CORPORATIONSCERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

97 OCT 14 PM 12:48

Purnuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: \_\_\_\_\_

\_\_\_\_\_  
LAKES TOWN CHIROPRACTIC CENTER, INC.

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

BARRY MITTELBERG

4477 N. State Road 7

Lauderdale Lakes, Florida 33319

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.



Barry Mittelberg, Registered Agent