

P97000099478

TRANSMITTAL LETTER

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

200002351642--8
-11/19/97-D1043-014
****122.50 ****122.50

SUBJECT: EWING CHIROPRACTIC, 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: Dr. Scott E. Ewing
Name (printed or typed)

354 BILFISH AVE #201
Address

FT. WALTON BEACH, FL 32548
City, State & Zip

850-664-0019
Daytime Telephone number

97 NOV 19 PM 3:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9/11-21-97

FILED
97 NOV 19 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EWING CHIROPRACTIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

705 WEST JOHN SIMS PKWY., NICEVILLE, FL 32578
SUITE A

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. SCOTT E. EWING
354 BILLFISH AVE #201
FT. WALTON BEACH, FL 32548

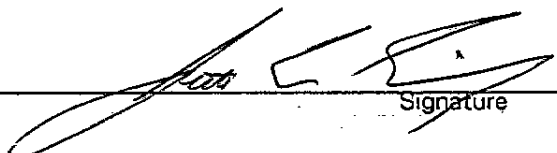
ARTICLE V INCORPORATOR(S)

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

DR. SCOTT E. EWING
354 BILLFISH AVE. #201
FT. WALTON BEACH, FL 32548

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

11TH day of NOVEMBER, 19 97.



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.

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

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

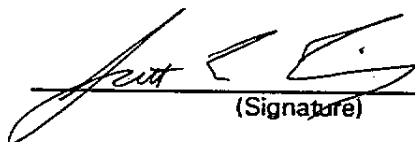
SCOTT E. EWING
(Name)

354 BILLFISH AVE. #201
(P.O. Box or Mail Drop Box **NOT** acceptable)

FT. WALTON BEACH, FL 32548
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature)

11-11-97
(Date)