

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy Certificate of Status Mail out Will wait AMENDMENTS ..... NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION ... Annual Report Foreign Fictitious Name DIVISION OF CORPORATION Limited Partnership Name Reservation 98 FEB -6 PM 2: 47 BECEINED Examiner's Initials CR2E031(1/95)

# ARTICLES OF INCORPORATION

OF

## CAPITAL CITY SPORTS CHIROPRACTIC CLINIC, 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

The name of the corporation shall be CAPITAL CITY SPORTS CHIROPRACTIC CLINIC, INC.

# ARTICLE II

This corporation shall exist perpetually.

## ARTICLE III

This corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporations Act.

The corporation may also-engage in any other activity or business permitted under the laws of the United States of America and the State of Florida.

#### ARTICLE IV

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock having a par value of One Dollar and No cents (\$1.00) per share.

#### ARTICLE V

The principal place of business and mailing address of this corporation shall be 2749 Capital Circle, N.E., Tallahassee, Florida 32308.

#### ARTICLE VI

The name and address of the initial registered agent is MICHAEL P. BIST, 1300 Thomaswood Drive, Tallahassee, Florida 32312.

#### ARTICLE VII

The affairs of the corporation shall be managed by a board of directors, a president, a vice-president, a secretary and a treasurer. Such officers shall be elected at the first meeting of the board of directors following each annual meeting of members.

The name of the officers who are to serve until the first election are:

# MEHRAN P. GHAZVINI - President/Secretary/Treasurer

# ARTICLE VIII

The number of persons constituting the first board of directors of the corporation shall be one (1), and the name and address of the persons who shall serve as directors until the first election are:

MEHRAN P. GHAZVINI 2749 Capital Circle, N.E. Tallahassee, Florida 32308

#### ARTICLE IX

The name and street address of the incorporator to these Articles of Incorporation is:

MEHRAN P. GHAZVINI 2749 Capital Circle, N.E. Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 6th day of February, 1998.

MEHRAN P. CHAZVINI

Incorporator

STATE OF FLORIDA, COUNTY OF LEON.

BEFORE ME, the undersigned authority, personally appeared MEHRAN P. GHAZVINI, who first being duly sworn by me, and to me well known to be the individual described in the foregoing Articles of Incorporation, acknowledged to and before me that he executed the same for the purposes expressed therein.

 $\mbox{\sc witness}$  my hand and official seal on this  $\underline{6th}$  day of February, 1998.

NOTARY PUBLIC

My Commission Expires:

GARDNER, SHELFER, DUGGAR & BIST, P.A. Attorneys for Corporation 1300 Thomaswood Drive Tallahassee, Florida 32312 (904) 385-0070



## REGISTERED AGENT DESIGNATION:

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.

MYCHAEL P. KISZ

Address:

1300 Thomaswood Drive Tallahassee, Florida 32312

February 6th, 1998