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\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Chiropractic and Nutrition Centers of Florida

☐ Walk In

☐ Pick Up Time \_\_\_\_\_

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

Ordered By: \_\_\_\_\_ **K. R. R. MAR 10 1998**

Date: \_\_\_\_\_

RECEIVED  
98 MAR 10 11:01  
DIVISION OF CORPORATION  
FILED  
98 MAR 10 4:11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
Chiropractic and Nutrition Centers of Florida, Inc.

FILED  
98 MAR 10 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Chiropractic and Nutrition Centers of Florida, Inc.

The principal place of business of this corporation shall be 14959 Caleb Drive, Fort Myers, Florida 33908.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, commonwealth, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1 par value per share.

ARTICLE IV. OTHER STOCK

The corporation is authorized to issue other stock, including stock issued pursuant to Section 1244 of the Internal Revenue Code, as amended, as the Board of Directors may determine from time to time.

ARTICLE V. ADDRESS

The street address of the initial registered office of the corporation shall be 191 Via Perignon, Naples, Florida 34119, and the name of the initial registered agent of the corporation at the address is Sidney F. Davis.

ARTICLE VI. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII. DIRECTORS

This corporation shall have no Directors initially. The affairs of the corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws.

ARTICLE VIII. INCORPORATOR

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

Sidney F. Davis  
191 Via Perignon  
Naples, Florida 34119

  
\_\_\_\_\_  
Sidney F. Davis

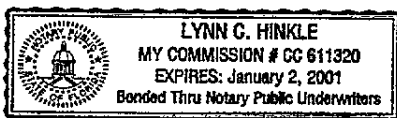
STATE OF FLORIDA       )  
                              )  
COUNTY OF COLLIER     )       ss.

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Sidney F. Davis, who produced \_\_\_\_\_ as identification or is personally known to me, and that he acknowledged under oath executing the foregoing instrument in my presence and that he executed such document voluntarily and freely of his own will, and that he acknowledged that the document he was executing was the Articles of Incorporation of Chiropractic and Nutrition Centers of Florida, Inc.

WITNESS my hand and official seal in the County and State last aforesaid this 27 day of February, 1998.

Lynn C. Hinkle  
Notary Public Signature

(seal)



Lynn C. Hinkle  
Printed Name

My Commission Expires: 1-2-01

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.

Sidney F. Davis  
Registered Agent

Date 2/17/98

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TALLAHASSEE, FLORIDA