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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input 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

FILED
98 APR 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

FILED
98 APR 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF
TROPICAL CHIROPRACTIC AND WELLNESS GROUP, *INC.*

The undersigned incorporate to those Articles of Incorporation a Florida corporation, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. CORPORATE NAME:

The name of the corporation is:

TROPICAL CHIROPRACTIC AND WELLNESS GROUP, *INC.*

ARTICLE II. NATURE OF BUSINESS AND POWERS:

The general nature of the business, as a chiropractor, to be transacted by this corporation is authorized to issue and have outstanding at any one time is Five Hundred (500) shares of voting common stock having a par value of One (\$1.00) Dollar per share. All shares issued shall be fully paid and nonassessable.

ARTICLE IV. TERM OF EXISTENCE:

This Corporation shall have perpetual existence.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE:

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Registered Agent - SCOTT J. HERMAN
TROPICAL CHIROPRACTIC AND WELLNESS GROUP, *INC.*
5170 COCONUT CREEK PKY
MARGATE, FL 33063

Registered/Corporate Office - MARGATE, FL 33063

The Board of Directors may, from time to time, move the Registered Office to any other address in the State of Florida.

ARTICLE VI. BOARD OF DIRECTORS:

This Corporation shall have ONE (1) Directors initially. The number of Directors may be increased or diminished from time by bylaws adopted by the Shareholders, but shall never be less than one (1).

ARTICLE VII. INITIAL DIRECTOR:

SCOTT J. HERMAN
5170 COCONUT CREEK PKY
MARGATE, FL 33063


Signature

The persons named as initial Directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII. INCORPORATOR:

The name and street address of the corporation signing these Articles of Incorporation as the Incorporator is:

SCOTT J. HERMAN
5170 COCONUT CREEK PKY
MARGATE, FL 33063

ARTICLES IX. CONFLICT OF INTEREST:

No contract between this Corporation and another corporation or another individual shall be invalidated by reason of the fact that one or more of the officers or Directors of this Corporation are officers or Directors of the said other corporation, or by reason of the fact that one or more of the officers or Directors of this Corporation may be the other individual or individuals contracting with this Corporation.

AMENDMENT :

IN WITNESS WHEREOF, the undersigned, as the Incorporator, has executed the following Articles of Incorporation this 6th day of April, 19 98.

TROPICAL CHIROPRACTIC AND WELLNESS GROUP, INC

BY:

COUNTY OF

SS#

WITNESS my hand and official seal at

Florida, this 6th April day of

19 98



NOTARY PUBLIC
STATE OF FLORIDA at LARGE

My commission expires: _____

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Sections 48.091 and 607.034, Florida
Statutes, the following is submitted, in compliance with said
Sections:

That TROPICAL CHIROPRACTIC AND WELLNESS GROUP, INC.,
desiring to organize under the laws of the State of
Florida has named SCOTT J. HERMAN as its agent
to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the
above, stated Corporation, at the place designated in this
certificate, I hereby agree to act in this capacity, and agree to
comply with the provisions of said act relative to keeping open
said office.

Dated this 6 day of April, 19 98

Name: Scott J. Herman
SCOTT J. HERMAN

FILED
98 APR 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA