P988880005567

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

SUBJECT: CHIR	OPRACTIC MA	RKETING 5	Ervices	Inc
	(Proposed corpo	rate name - must include su	ffix)	
		*		· · · · ·
		500002596 -07/23/98 *****78.79	5 805 5 -01083018 5 *****78.75	er en
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a .	divon av.	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:(H TRO PRACTIC	MARKET.	ING SERV	ices, In
<u> </u>	5843 WOODLA	inas Blua idress		·
	TAMARAC F	33319	98	SECRI DIVISION
	City, S	tate & Zip	JUL 23	25-
	954-721	- 0200		
***************************************	Daytime Tel	ephone number	=	F ST POR
			-	

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

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ARTICLES OF INCORPORATION

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

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ARTICLE	I	NAM	Z:
	_		-

The name of the corporation shall be:

CHIROPRACTIC MARKETING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

TAMARAC FL 33319

ARTICLE III SHARES

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

1000 SHARES COMMON STOCK \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DOUGLAS J. KERL 5843 WOODLANDS BLUD TAMARAY FL 33319

ARTICLE V INCORPORATOR

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

DOUGLAS J. KEEL 5843 WOODLANDS BLUD TAMARAC, FL 33319

Signature/Incorporator

7-20-98

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

7-20-98

Date