

TRANSMITTAL LETTER

P980000 72379

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

SUBJECT:

Sager Chiropractic, Inc.
(Proposed corporate name - must include suffix)

300002618073--4
-08/17/98--01139--021
*****78.75 -*****78.75

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. Fred J. Sager
Name (Printed or typed)

4461 Beverly Ave.
Address

Jacksonville, FL 32210
City, State & Zip

(904) 389-5115
Daytime Telephone number

98 AUG 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

B. BROCK AUG 19 1998

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.

ARTICLE I NAME

The name of the corporation shall be:

Sager Chiropractic Inc.

ARTICLE II PRINCIPAL OFFICE

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

4461 Beverly Ave.
Jacksonville, FL 32210

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Fred Sager
4461 Beverly Ave.
Jacksonville, FL 32210

ARTICLE V INCORPORATOR

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

DR FRED SAGER
4461 BEVERLY AVE.
JACKSONVILLE, FL.
32210

Signature/Incorporator

8-13-98

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

8-13-98

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 17 AM 11:00

APPROVED
AND
FILED