

TRANSMITTAL LETTER

P990000010727

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

SUBJECT: CHIROPRACTIC ONE KISSIMMEE INC.
(Proposed corporate name - must include suffix)

700002760387--0
-02/01/99--01109--005
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARK L. NALLEY D.C.
Name (Printed or typed)

1303 EAST VINE STREET
Address

KISSIMMEE, FL 34744
City, State & Zip

407-846-2225
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB - 1 PM 12:25

FILED

DNC
2-3-99

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

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:

CHIROPRACTIC ONE KISSIMMEE INC.

ARTICLE II PRINCIPAL OFFICE

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

1303 EAST VINE STREET
KISSIMMEE, FL 34744

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

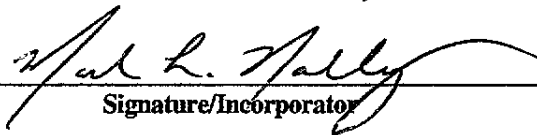
The name and Florida street address of the initial registered agent are:

MARK L. NALLEY
1303 EAST VINE STREET
KISSIMMEE, FL 34744

ARTICLE V INCORPORATOR

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

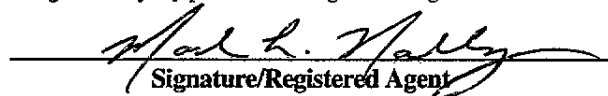
MARK L. NALLEY
1303 EAST VINE STREET
KISSIMMEE, FL 34744


Signature/Incorporator

1-29-99
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

1-29-99
Date

FILED
99 FEB - 1 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA