

TRANSMITTAL LETTER

P99000018855

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

SUBJECT: HOFSTEE CHIROPRACTIC & WELLNESS CLINIC, P.A.  
(Proposed corporate name - must include suffix)

000002787120--1  
-02/25/99--01049--015  
\*\*\*\*\*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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michael B. Hofstee, D.C.  
Name (Printed or typed)

8330-40<sup>th</sup> Ave N  
Address

St. Petersburg, FL 33709  
City, State & Zip

727-381-7084  
Daytime Telephone number

EFFECTIVE DATE

3-17-99

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

ajc  
3/1

## 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:

HOFSTEE CHIROPRACTIC & WELLNESS CLINIC, P.A.

### ARTICLE II PRINCIPAL OFFICE

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

2017 South Tenth Street  
Fort Pierce, FL 34950

EFFECTIVE DATE  
2-17-99

### ARTICLE III SHARES

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

0

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael B. Hofstee, D.C.  
8330-40th Ave N  
St. Petersburg, FL 33709

### ARTICLE V INCORPORATOR

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

Michael B. Hofstee, D.C.  
8330-40th Ave N  
St. Petersburg, FL 33709

MB Hofstee DC

Signature/Incorporator

2-18-99

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

MB Hofstee DC

Signature/Registered Agent

2-18-99

Date

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 FEB 25 PM 4:27

FILED

ARTICLE VI      EFFECTIVE DATE

The effective date shall be:

March 17, 1999

MBJost DC