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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

THE SWAP SHOP CHIROPRACTOR, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE SWAP SHOP CHIROPRACTOR, INC.
The principal place of business of this corporation shall be: 3291 West Sunrise Blvd
Ft Lauderdale, FL 33311

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 Shares, \$1 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Claudia Marlin, President
5616 Polk Street
Hollywood, FL 33021

Kevin Marlin, Secretary
5616 Polk Street
Hollywood, FL 33021

PREPARED BY: CLAUDIA MARLIN
5616 POLK STREET
HOLLYWOOD FL, 33021
(305) 931-1265

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TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Claudia Marlin, President
5616 Polk Street
Hollywood, FL 33021

Kevin Marlin, Secretary
5616 Polk Street
Hollywood, FL 33021

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, _____ day of _____ 1999

Signature(s) of Incorporator(s)

Claudia Marlin
Kevin Marlin, Secretary

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

THE SWAP SHOP CHIROPRACTOR, INC.

2. The name and address of the registered agent and office is: CLAUDIA MARLIN

5616 Polk Street

(P.O. BOX NOT ACCEPTABLE)

Hollywood, FL 33021

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

Claudia Marlin

TITLE President

DATE

6-1-99

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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Prepared by:

CLAUDIA MARLIN
5616 Polk Street
Hollywood, FL 33021

SIGNATURE

Claudia Marlin

DATE

6-1-99