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Florida Department of State

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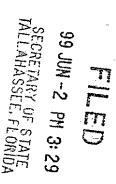
Account Name : FAS-T CORP. AGENTS, INC.

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
Page Count	03
Estimated Charge	\$78.75



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, stpar value 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 99 JUN -2 PM 3: 29
SECRETARY OF STATE
ANASSEE, FLORIDA

ARTICLE VI INCORPORATORISI

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

Claudia Marlin, President 5616 Folk Street Rollywood, FL 33021

Kevin Marlin, Secretary 5616 Polk Street Bollywood, FL 33021

th WITNESS WHEREOF, the undersigned incorporator(s) has thave) executed these Articles of Incorporation this, day of 1999

Signature of fi interpolator(s)

Laudia / arthur

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)	
S Sheen Sheen San	SECRETARY OF STATE TALLAHASSEE, FLORIDA 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. SIGNATURE Prepared by: CLAUDIA MARLIN 5616 Folk Street Hollywood, FL 33021	