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To:

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Fax Number : (850) 822-4001

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.  
Account Number : 071324000655  
Phone : (305) 541-0790  
Fax Number : (305) 541-4015

FLORIDA PROFIT CORPORATION OR P.A.

Alberto C. Lopez D.C. P.A.

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 25, 1999

R & R ACCOUNTING

SUBJECT: ALBERTO C. LOPEZ D.C. P.A.  
REF: W99000024591

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**ARTICLES OF INCORPORATION**

**OF**

**Alberto C. Lopez D.C. P.A.**

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

**ARTICLE I NAME**

The name of the corporation shall be: Alberto C. Lopez D.C. P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
4150 N.W. 7 Street Suite 205  
Miami, Fl 33126

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any time is 100 share of common stock at \$1.00 par value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Alberto C. Lopez D.C.  
4150 N.W. 7 Street Suite 205  
Miami, FL 33126

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*PREPARED BY:  
ALBERTO C. LOPEZ D.C.P.A.  
4150 N.W. 7 STREET 205  
MIAMI FL 33126*

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alberto C. Lopez D.C. President  
4150 N.W. 7 street Suite 205  
Miami, FL 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

X  \_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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**ARTICLE IV SPECIFIC NATURE OF BUSINESS**

**The specific nature of business is: Dr. Alberto C. Lopez is a Florida Licensed Chiropractor.**

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 is: Alberto C. Lopez D.C. P.A.

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

Alberto C. Lopez D.C.  
(Name)

4150 N.W. 7 Street Suite 205  
(P.O. Box not acceptable)

Miami FL 33126  
(City/State/Zip)

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*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)

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