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

-10/28/93--01055--001 \*\*\*\*\*70.00 \*\*\*\*\*70.00

FRANK LAURENZANO D.C., P.A.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

X	<b>D</b> 454 55	<b>D. </b>	<b>-</b> .
\$70.00	<b>□</b> \$78.75	<b>□</b> \$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of

Status ADDITIONAL COPY REQUIRED

FROM: FRANK LAURENZANO

Name (Printed or typed) 5931 Cocowood et.

Boynton, Bch. FLORIDA 33437-4229
City, State & Zip

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 Silowing Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

FRANK LAURENZANO D.C., P.A.

### ARTICLE II PRINCIPAL OFFICE

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

5931 Co co wood ct. Buynton Buh, Florida 33437-4229

### ARTICLE III SHARES

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

100

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

5931 COLOWOOD ct. Buynton Buh FLA 33437 - 4229 FRANK LAURENZANO

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

FRANK LAURENZANO 5931 Co LO WOOD CT. Boynton Bch. FLORIDA

French Lawrence 10/18/99

Signature/Incorporator Date

ARTICLE III: Purpose for this Professional Services Corponetion
The specific Purpose for this Professional Services Corponetion 13 the proof recof Chiroproctic medicine,

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