P9900011369 TRANSMITTAL LETTER

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



SUBJECT:	KIDGELL	CHIRO PRAC	CTIC INC.	cc
БОВФЕСТ	(Proposed corpora	ite name - must include suffi	9000030750 -12/20/990: *****78.75	112 **
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for :	
□ \$70.00 Filing Fee	★ \$78.75	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Kristin Kich Name (P			
	PO BOX	3/4 Address		
	Terry Ceia,	FL 34250 , State & Zip		· ·

Kristin AUTHORIZATION	VII II NA	
<u>Nristin</u>	niapil De	GRAF
AUTHORIZATION	ON BY PHON	10 c
CORRECT	ARTI	
DATE	12/29	
DOC. EXAM _	SHT	

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: CIDGELL CHIROPRACTIC TNC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
ARTICLE III SHARES Bradenton, PC 34207 34
ARTICLE III SHARES Bradenton, PC 34207 - 34
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: DR. KRISTIN KIDGECL 4836 14th St. West Bradenten, Plorida 34207
DR. KRISTIN KIDGELL 4836 14th St. West
Bradenten Rorina 34207
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Kristin M. Kidgell DC
4836 14th St. West
Bradenton, FL 34207
Busto M L'agallac 12/15/99 Signature/Incorporator Date
Signature/Incorporator Date
4836, 14th St. West
Bradenton FZ 34207
(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
KRATO/(idyell DC 12/15-/99
Signature/Registered Agent Date

941-545-7872 claytime phone