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TRANSMITTAL LETTER

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

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SUBJECT:	T3, Incorporated			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Patricia Thurston	(Printed or typed)	·	
	25_Bobcat Lane Address Freeport, FL 32439 City, State & Zip 850 835-0336/850 622-2313			
	Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.



June 29, 2005

PATRICIA THURSTON 25 BOBCAT LANE FREEPORT, FL 32439

SUBJECT: T3, INCORPORATED Ref. Number: W05000031600

We have received your document for T3, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

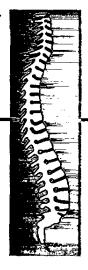
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 005A00043739

Carolyn Lewis
Document Specialist
New Filings Section



30-A CHIROPRACTIC

DR. SCOTT P. THURSTON 3925 W. Highway 30-A, Suite D Santa Rosa Beach, FL 32459 Telephone: (850) 622-2313 Fax: (850) 622-2718

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314 Wednesday, July 06, 2005

Ms. Carolyn Lewis Document Specialist New Filings Section

Enclosed is the updated documentation as per your instruction(s). I will follow through with "fictitious name" form(s) after the incorporation filing is complete.

Thank you for your time and consideration,

Patricia Thurston

Patricia Thurs Can

CEO

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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The name of the corporation shall be: T3 Solutions, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13 Solutions, Incorporated 3925 W. Highway 30-A Suite D Santa Rosa Beach, FL 32459

ARTICLE_III **PURPOSE**

The purpose for which the corporation is organized is:

Management of multiple Chiropractic Centers

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Patricia Thurston

CEO

Scott Thurston

Director - Care

Gary Thurston

Director – Operations

ARTICLE_VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Patricia Thurston

25 Bobcat Lane

Freeport, FL 32439

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott Thurston

1819 Chat Holley road

Santa Rosa Beach, FL 3.459

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator