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File No.: 6526739 Date Filed: 1/8/2025

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STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION California Secretary of State 1500 11th Street Sacramento, California 95814

(916) 657-5448

| Corporation Name | | | |
|--|---|--|--|
| Corporation Name | Thrive Chiropractic Club, A Hippeli Corporation | | |
| Initial Street Address of Principal Office of Corporation | | | |
| Principal Address | 1258 ORCHARD LANE | | |
| | CHICO, CA 95926 | | |
| Initial Mailing Address of Corporation | | | |
| Mailing Address | 1258 ORCHARD LANE CHICO, CA 95926 | | |
| Attention | | | |
| Agent for Service of Process | | | |
| Agent Name | Megan Hippeli | | |
| Agent Address | 1258 ORCHARD LANE | | |
| | CHICO, CA 94926 | | |
| Shares | | | |
| The total number of shares the corporation is authorized to issue is: 100 | | | |
| Does the corporation have more than one class or series of shares? No | | | |
| Purpose Statement The purpose of the corporation is to engage in the profession of Chiropractic and any other lawful activities (other than the | | | |
| banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 et seq. | | | |
| | | | |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing. | | | |
| Electronic Signature | | | |
| By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct. | | | |
| Megan Hippeli | 01/08/2025 | | |
| Incorporator Signature | Date | | |
| | | | |