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File No.: 6473154

Date Filed: 11/25/2024

B3218-6796 11/25/2024 10:17 AM Received by California Secretary of State

Form with sections: Corporation Name (DR. TASHIA COLEMAN CHIROPRACTIC CARE AND MEDICAL SCIENCE CENTER), Initial Street Address (1126 E LELAND RD), Initial Mailing Address (1126 E LELAND RD), Agent for Service of Process (DR. TASHIA COLEMAN), Purpose Statement, Additional Statements, and Electronic Signature.

DR. TASHIA COLEMAN
Signature

11/25/2024
Date