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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Acupuncture and Wellness Center of Oviedo Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kira C Walther A.P.
Name (Printed or typed)

860 Lake Mills Road
Address

Chuluota FL 32766
City, State & Zip

407 325 2587
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Acupuncture and Wellness Center of Oviedo Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

860 Lake Mills Road Chuluota Fl 32766

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide health care and social services. Including, but not limited to, acupuncture and other modalities under Florida's acupuncture licensure.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Kira C Walther A.P.
Acupuncture Physician
860 Lake Mills Road
Chuluota Fl. 32766

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kira C Walther A.P.
860 Lake Mills Road
Chuluota Fl. 32766

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kira C Walther A.P.
860 Lake Mills Road
Chuluota Fl. 32766

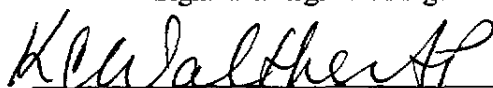
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-22-03

Date



Signature/Incorporator

4-22-03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA