

PD4000004692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 DEC 29 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: NATURAL Acupuncture, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Shudong Wang  
Name (Printed or typed)

4001 Ocean DR # 206  
Address

Lauderdale By The Sea FL 33308  
City, State & Zip

954 - 854 - 4042  
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)

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TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

NATURAL ACUPUNCTURE, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4001 OCEAN DR #206  
LAUDERDALE BY THE SEA FL 33308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ACUPUNCTURE HEALING

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Shudong Wang  
4001 Ocean Dr #206  
LAUDERDALE BY THE SEA FL 33308

**ARTICLE VI REGISTERED AGENT**

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

Shudong Wang  
4001 Ocean Dr #206  
LAUDERDALE BY THE SEA FL 33308

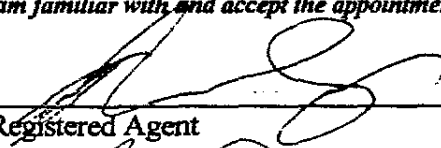
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Shudong Wang  
4001 Ocean Dr  
LAUDERDALE BY THE SEA FL 33308

\*\*\*\*\*

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

12-  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date