

P11000078920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

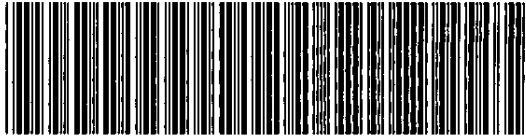
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 SEP -6 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/7

COVER LETTER

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

SUBJECT: Avanti Acupuncture, P.A.
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Vaishali Laddu
Name (Printed or typed)

8932 Grey Hawk Point
Address

Orlando, FL 32836
City, State & Zip

407-876-3876
Daytime Telephone number

Loofee@aol.com
E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION

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

11 SEP -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Avanti Acupuncture, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8932 Grey Hawk Point
Orlando, FL 32836

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide Acupuncture, Oriental Medicine, and adjunctive therapies.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Vaishali Laddu, President</u>	Name and Title: _____
Address: <u>8932 Grey Hawk Point</u>	Address: _____
<u>Orlando, FL 32836</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vaishali Laddu
Address: 8932 Grey Hawk Point
Orlando, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vaishali Laddu
Address: 8932 Grey Hawk Point
Orlando, FL 32836

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

Vaishali Laddu
Required Signature/Registered Agent

Aug. 29, 11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vaishali Laddu
Required Signature/Incorporator

Aug. 29, 11
Date