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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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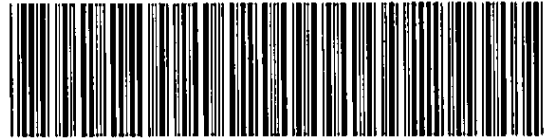
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tai Chi and Qi Gong Healing Institute, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael J. Smith, Esq.

Name of Person

Najmy Thompson, P.L.

Firm/Company

1401 8th Ave West

Address

Bradenton, FL 34205

City/State and Zip Code

ak@draihankuhn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Smith, Esq.

Name of Person

at ( 941 )  
Area Code

748-2216

Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Tai Chi and Qi Gong Healing Institute, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 04-3529285  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 1, 2001 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 49 Gleason St., Framingham, MA 01701  
(Principal office address)

1214 Fraser Pine Blvd., Sarasota, FL 34240  
(Current mailing address, if different)

8. Provide training in Tai Chi and Qi Gong for disease prevention and treatment, stress management, and research  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

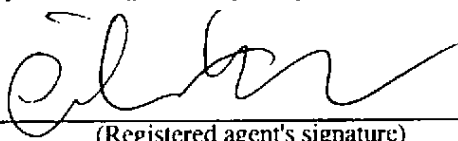
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Aihan Kuhn

Office Address: 1214 Fraser Pine Blvd.  
Sarasota, Florida 34240  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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TALLAHASSEE  
FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Aihan Kuhn  
Address: 1214 Fraser Pine Blvd.  
Sarasota, FL 34240

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Dennis Perne  
Address: 49 Gleason St.  
Framingham, MA 01701

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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**B. OFFICERS**

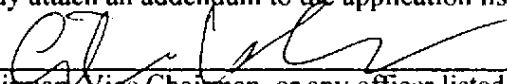
President: Aihan Kuhn  
Address: 1214 Fraser Pine Blvd.  
Sarasota, FL 34240

Vice President: Tarik Tekman  
Address: 66 Soylu Sokak  
Gonyeli, CYP

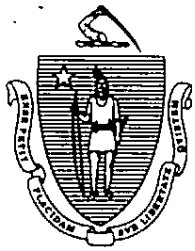
Secretary: Patricia Gerlek  
Address: 3824 Virga Blvd., Sarasota, FL 34233

Treasurer: Gerald Kuhn  
Address: 1214 Fraser Pine Blvd., Sarasota, FL 34240

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Aihan Kuhn, as President  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: August 22, 2018

To Whom It May Concern :

I hereby certify that according to the records of this office,

**TAI CHI AND QI GONG HEALING INSTITUTE, INC.**

is a domestic corporation organized on **February 01, 2001**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 18080418060

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: