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PARK AND ZAMORA, PLC  
1201 N. MILLS AVE  
ORLANDO, FL 32803

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Sun Acupuncture & Herbal Clinic, PL**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

13360 West Colonial Drive Suite 470  
Winter Garden, Florida 34787

**ARTICLE III - Registered Agent**

The name and street address of the initial registered agent are:

Ms. Keesun Kang  
13360 West Colonial Drive Suite 470  
Winter Garden, Florida 34787

**ARTICLE IV - Management:**

**X The Limited Liability Company is to be managed by the members.**

**ARTICLE V - Professional Limited Liability Company**

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of Acupuncture Clinic and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

X Keesun Kang  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

X KEESUN KANG  
Typed or printed name of signee  
**Filing Fee: \$100.00 for Articles**

Form prepared by:  
David I. Park, Esq.  
Park & Zamora, PLC

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMIT'S THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**Sun Acupuncture & Herbal Clinic, PL**

2. The name and the Florida street address of the registered agent are:

Ms. Keesun Kang  
13360 West Colonial Drive Suite 470  
Winter Garden, Florida 34787

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X Keesun Kang  
Signature

**Filing Fee: \$25 for Designation of Registered Agent**

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