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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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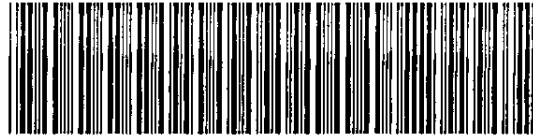
(Business Entity Name)

(Document Number)

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**DONNELLY & RUSSO, P.A.**

ATTORNEYS AT LAW

3708 W. EUCLID AVENUE, TAMPA, FLORIDA 33629

**SEAN V. DONNELLY\***

**JOSEPH C. RUSSO**

**\*ALSO ADMITTED IN ILLINOIS**

**ANN SNOW CURRY**

OF COUNSEL

(813) 832-9790 PHONE

(813) 832-9739 FAX

April 11, 2007

Secretary of State  
Division of Corporations  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, Fl. 32301

Re: Filing of Articles of Incorporation for  
New Tampa Acupuncture, LLC.

To Whom It May Concern:

Please find enclosed the Articles of Organization for referenced limited liability company, along with a check for \$133.75 for the filing fees.

Please file the Articles of Organization and provide our office with a Certificate of Good Standing.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

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Enc.

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

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1

Name

The name of this Limited Liability Company is: **NEW TAMPA ACUPUNCTURE, LLC.**

ARTICLE 2

Mailing Address & Principal Office Address

The mailing and street address for the principal office of this Limited Liability Company is: **15289 Amberly Drive., Tampa, Fl. 33647.**

ARTICLE 3

Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is **15289 Amberly Drive., Tampa, Fl. 33647**, and the name of the initial registered agent of this Limited Liability Company at that address is **Dr. Avilio Munoz**.

Acceptance of Registered Agent

*Having been named as registered agent to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
**Dr. Avilio Munoz**

ARTICLE 4

Managers/Managing Members

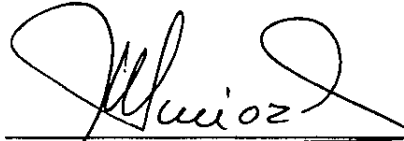
This Limited Liability Company is to be managed by the following managing members (MGRMs):

**Dr. Avilio Munoz - 15289 Amberly Drive., Tampa, Fl. 33647**

IN ACCORDANCE WITH section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true

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and correct. The undersigned is authorized and has executed these Articles, this 28<sup>th</sup> day of February, 2007.

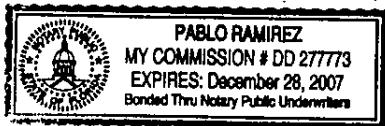


**Dr. Avilio Munoz**  
Authorized Member

**STATE OF FLORIDA**  
**COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of 02, 2007  
by **Dr. Avilio Munoz**.

SEAL



Type, Print or Stamp Name of Notary  
Personally known   
or Produced Identification   
Type of Identification Produced \_\_\_\_\_

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