Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000140670 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

: (305)633-9696

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

# FLORIDA LIMITED LIABILITY CO. DR. KIM'S ACUPUNCTURE, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 2 1 2011

Electronic Filing Menu

Corporate Filing Menu

4110001406703

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

DR. KIM'S ACUPUNCTURE, PLLC

## ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

5310 SPRING HILL DRIVE SPRING HILL, FLORIDA 34606

#### ARTICLE III - PURPOSE

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS TO RENDER THE SAME PROFESSIONAL SERVICES TO THE PUBLIC THAT A DOCTOR OF ACUPUNCTURE, DULY LICENSED UNDER THE LAWS OF THE STATE OF FLORIDA, IS AUTHORIZED TO RENDER, INCLUDING, WITHOUT LIMITATION, THE POWERS SET FORTH IN SECTION 608.404, FLORIDA STATUTES, AND FOR ANY OTHER PURPOSE, ACTIVITY, OR BUSINESS.

#### ARTICLE IV - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

HYUNG BONG KIM 5310 SPRING HILL DRIVE SPRING HILL, FLORIDA 34606

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 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 FOR IN CHAPTER 808, FLORIDA STATUTES.

DATED: 05/24/11

HYUNG BONG KIM

H 110001406703

SECHETARY OF STATE STATE OF CORPORATIONS

H110001406703

### ARTICLE V - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: HYUNG BONG KIM

5310 SPRING HILL DRIVE SPRING HILL, FLORIDA 34606

DATED: OSIZGII

HYUNG BONG KIM

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.

4110001406703

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 26 AM 7:36