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(Re	questor's Name)	
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COVER LETTER

Registration Section

Division of Corporations	
SUBJECT: Dong Ye Acupunc	ture and Chinese Medicine, LLC
	of Limited Liability Company
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Penney Carr
	Name of Person
Dong Ye Acupur	ncture and Chinese Medicine, LLC
	Firm/Company
21	130 West King St.
	Address
C	Cocoa, FL 32926
	City/State and Zip Code
	pinerpenn@aol.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
Penney Carr	at (321) 634-5800
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	ıt:
\$125.00 Filing Fee \$130.00 Filing Fe	
Certificate of Sta	
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dong Ye Acupuncture and Chinese Medicine, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2130 West King St.	2130 West King St.
Cocoa, FL 32926	Cocoa, FL 32926

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Penne	y Carr	
Name	e	
2130 Wes	t King St.	
Florida street address (P.O. Bo	x <u>NOT</u> acce	ptable)
Cocoa	FL	32926
City		Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Penney Carr	
	2130 West King St.	
	Cocoa, FL 32926	
AMBR		
		
AMBR		
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