POOCOOIA184 TRANSMITTAL LETTER

Department of State Division of Corporations P.O.BOX 6327 Tallahassee, FL 32314

> 200003116868--7 -01/31/00--01135--008 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJE: T. C. M. ACUPUNCTURE, INC..

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$87.50

FROM:

CHRISTINE CHEW & ASSOCIATES

539 N MILLS AVE

ORLANDO, FL 32803

PHONE:

407-894-7259

Enclosures
Original and One Copy of Articles

# Articles of Incorporation

# of T.C.M. ACUPUNCTURE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### Article I - Name

The name of the corporation shall be:

T.C.M. ACUPUNCTURE, INC.

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be:

T.C. M. ACUPUNCTURE, INC 501 N ORLANDO AVE. # 225 WINTERPARK FL 32789

#### Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 at \$1.00

## Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

YALING WANG
501 N ORLANDO AVE. #225
WINTERPARK FL 32789

### Article V - Incorporator(s)

The name(s) and street address of the incorporator(s) to these Articles of Incorporation is(are):

YALING WANG
501 N ORLANDO AVE. #225
WINTERPARK FL 32789

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25TH of January , 2000.

Signature .

### Article VI-Officers & Directors

The names and address of the initial officers if the corporation who shall hold office For the corporation, or until their successors are elected or appointed are:

YALING WANG(PRESIDENT)
501 N ORLANDO AVE. #225
WINTERPARK FL 32789

## Registered Agent/Registered Office

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: T.C.M. ACUPUNCTURE, INC
- 2. The name and address of the registered agent and office is:

YALING WANG
501 N ORLANDO AVE. #225
WINTERPARK FL 32789

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C: Carrie

DATE