P01000055180

# TRANSMITTAL LETTER

FILED
01 MAY 29 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**SUBJECT:** Blue Dolphin Healing Arts Center, Inc.
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

800004325768--4
-05/29/01--01120--005
*****78.75 *****78.75

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

| | | | |
|---|---|---|---|
| ☐ $70.00 Filing Fee | ☐ $78.75 Filing Fee & Certificate of Status | ☒ $78.75 Filing Fee & Certified Copy | ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status |

**ADDITIONAL COPY REQUIRED**

FROM: Lynda R. Hawkins, Ac. Phys.
Name (Printed or typed)

P.O. Box 780804
Address

Orlando, FL 32878-0804
City, State & Zip

407-592-6871
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

D. BROWN JUN - 5 2001

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

Blue Dolphin Healing Arts Center, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

Physical Address: 631 N. Hyer Ave., Orlando, FL.

MAILING Address – P.O. Box 780804, ORLANDO, FL 32878

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

Acupuncture/Oriental Medicine

***ARTICLE IV SHARES***

The number of shares of stock is:

1,000.

***ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)***

The name(s) and address(es):

Lynda R. Hawkins A.P., Dipl.
PO Box 780804
Orlando, FL 32878-0804

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** registered agent is:

Lynda R. Hawkins, A.P., Dipl.
POB 780804
Orlando, FL 32878-0804

Street Address:
631 N. Hyer Ave.
Orlando, FL. 32803

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Lynda R. Hawkins, A.P., Dipl.
POB 780804
Orlando, FL 32878-0804

**********

***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***

Lynda R Hawkins, A.P., Dipl.
Signature/Registered Agent

5/22/01
Date

Lynda R Hawkins, A.P., Dipl.
Signature/Incorporator

5/22/01
Date