

P02000097352

LIE LIU
8335 CORAL WAY
MIAMI, FL 33155

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-09/05/02--01027--001

*****78.75 *****78.75

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

RE: MIRACLE ACUPUNCTURE & HERBAL THERAPY

Enclosed is a check for \$ 78.75 together with two copies of the articles of incorporation
of MIRACLE ACUPUNCTURE & HERBAL THERAPY, INC

Please return a certified copy to the registered agent of the corporation:

LIE LIU
8335 CORAL WAY
MIAMI, FL 33155

Thank you for your attention to this request.

Sincerely,



02 SEP -5 AM 9:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9/9/10

ARTICLES OF INCORPORATION

OF

MIRACLE ACUPUNCTURE & HERBAL THERAPY, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MIRACLE ACUPUNCTURE & HERBAL THERAPY, INC

ARTICLE II PRINCIPAL OFFICE

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

8335 CORAL WAY
MIAMI, FLORIDA 33155

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

LIE LIU
8335 CORAL WAY
MIAMI, FL 33155

FILED
02 SEP -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
02 SEP -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

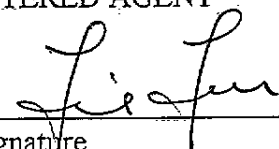
LIE LIU
8335 CORAL WAY
MIAMI, FL 33155

The undersigned have executed these Articles of Incorporation this 3 Day of Sept
2002



Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT



Signature

9/3/02

Date