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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TALLAHASSEE. FLORIDA
OIL APR 12 PM 2:29

TRANSMITTAL LETTER

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

SUBJECT:	GONZALEZ MEDICAL ACUPUNCTURE CENTER, INC.		
	(PROPOSED CORPORAT	TE NAME <u>MUST INCL</u>	UDE SUTTIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
፮ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Mr. Emest A. Gonzalez		
,	1812 West Waters Avenue	(Printed or typed) Address	
	Tampa, Florida 33604 City,	State & Zip	
	(813) 810-6323	elephone number	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GONZALEZ MEDICAL ACUPUNCTURE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1812 West Waters Avenue, Tampa, Florida 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For all legal purposes in providing medical acupuncture services

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100) shares of common stock at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ernest A. Gonzalez, President & C.E.O., Director 1812 West Waters Avenue Tampa, Florida 33604

ARTICLE VI REGISTERED AGENT

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

Ernest A. Gonzalez 1812 West Waters Avenue Tampa, Florida 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ernest A. Gonzalez 1812 West Waters Avenue Tampa, Florida 33604

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

Signature/Registered Agent

Signature/Incorporator

Date

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Date

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