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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA PROFIT CORPORATION OR P.A.

coral gables acupuncture inc.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

CORAL GABLES ACUPUNCTURE INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I

The name of this corporation shall be: CORAL GABLES ACUPUNCTURE INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporation, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 2645 DOUGLAS ROAD # 501, MIAMI, FL 33133.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares common stock having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: PETER B. CAGLE, 6701 SUNSET DRIVE # 112, MIAMI, FL 33143

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

PRESIDENT

STEVEN A. CHASENS

2645 DOUGLAS ROAD # 501
MIAMI, FL 33133

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 18TH day of OCTOBER, 2004.


INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

TOTAL P.04

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Coral Gables Acupuncture Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE
PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Chris B. Gl
REGISTERED AGENT

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