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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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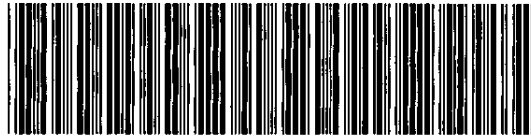
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AcuTherapy Healing Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Patricia Kinsley
Name (Printed or typed)

7160 S.W. 70th Street
Address

Miami, FL 33143
City, State & Zip

305 725-6269
Daytime Telephone 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:

AcuTherapy Healing Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7160 S.W. 70th Street
Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a location to provide natural healing services which is open to the general public

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Patricia Kinsley, 7160 S.W. 70th Street, Miami, FL 33143, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Patricia Kinsley
7160 S.W. 70th Street
Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Kinsley
7160 S.W. 70th Street
Miami, FL 33143

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

Patricia Kinsley
Signature/Registered Agent

Patricia Kinsley
Signature/Incorporator

8-6-07
Date

8-6-07
Date

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TALLAHASSEE, FLORIDA