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(Requestor's Name)

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COVER LETTER

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07 OCT 15 AM 8:55

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

SUBJECT: NEEDLES & MOXA WELLNESS 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: Eva Paglialonga Novotna
Name (Printed or typed)

1317 Obispo Av.
Address

Coral Gables, FL, 33134
City, State & Zip

786-556-3800
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)

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ARTICLE I NAME

The name of the corporation shall be:

NEEDLES & MOXA WELLNESS CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Place of business address: 5701 SW 8th Street, #700, Miami, FL, 33144
The mailing address of the corporation is: 1317 OBISPO AV., CORAL GABLES, FL, 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ACUPUNCTURE & MASSAGE THERAPY

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):

EVA PAGLIALONGA NOVOTNA, P
1317 OBISPO AV.
CORAL GABLES, FL, 33134

EVA PAGLIALONGA NOVOTNA, SEC
Adress : the same

EVA PAGLIALONGA NOVOTNA, TRE
Address : the same

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
EVA PAGLIALONGA NOVOTNA, A.P.
1317 OBISPO AV.
CORAL GABLES, FL, 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
EVA PAGLIALONGA NOVOTNA, A.P.
1317 OBISPO AV.
CORAL GABLES, FL, 33134

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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

Eva Paglialonga Novotna — 10/11/2007
Signature/Registered Agent — Date

Eva Paglialonga Novotna — 10/11/2007
Signature/Incorporator — Date

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