



# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (561)455-9885

# FLORIDA PROFIT/NON PROFIT CORPORATION

AcuSpa, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
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# 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:

ACUSPA, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

4410 MEADOWOOD STREET ORLANDO, FL 32812

The mailing address is: P.O. BOX 592494 ORLANDO, FL 32859

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

# **DIRECTOR - PRESIDENT - VICE PRESIDENT:**

TAMMY LEE DIPPENWORTH 4410 MEADOWOOD STREET ORLANDO, FL 32812

#### **SECRETARY & TREASURER:**

TAMMY LEE DIPPENWORTH 4410 MEADOWOOD STREET



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ORLANDO, FL 32812 PAGE 2 ACUSPA, INC. H070003027953

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent FCRETARY OF STATE

TAMMY LEE DIPPENWORTH

4410 MEADOWOOD STREET

ORLANDO, FL 32812

# ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

TAMMY LEE DIPPENWORTH

4410 MEADOWOOD STREET

**ORLANDO, FL 32812** 

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Having been named as registered agent to accept service of process for the

above 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.

TAMMY LEE DIPPENWORTH! REGISTERED AGENT

INCORPORATOR

12-18-04