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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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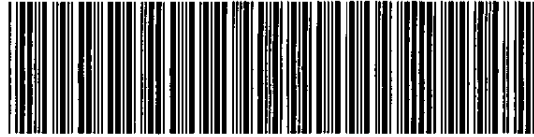
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 09 2009

W04-37294

COVER LETTER

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

SUBJECT:

AccuHEALTH

(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:

LYDIA A. ZACCARO

Name (Printed or typed)

3050 PRESIDENTIAL WAY.

Address

WEST PALM BEACH, FL.

City, State & Zip

561-682-3185

Daytime Telephone number

(LOWERCASE)

LAZACCARO@COMCAST.NET

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Accu Health INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

801 MEADOWS Rd. Suite 114
BOCA RATON, FL. 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACUPUNCTURE, BIOFEEDBACK SERVICES

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):

LYDIA A. ZACCARO - PRESIDENT
3050 Presidential Way Suite 203
West Palm Beach, FL 33401

ARTICLE VI REGISTERED AGENT

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

A.C.E., INC
102 NE 2nd Street #147
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Accu Health Inc. Lydia A. Zaccaro
3050 PRESIDENTIAL WAY #203
WEST PALM BEACH, FL. 33401

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

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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