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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:	Black Pearl Acupuncture Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the artic	cles 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 REQUI		PY REQUIRED	
FROM:	Karen Battle Name (Printed or typed)			
	14 Vista Palm Lane Unit 107 Address			
	Vero Beach, FL 32962			
		State & Zip		
	412-576-2461			
•	Daytime Telephone number			
	E-mail address: (to be used	for future annual raport	notification)	
	E-man address; (to be used	ioi iuture annuai report i	ionneanon <i>j</i>	

NOTE: Please provide the original and one copy of the articles.

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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:

Black Pearl Acopuncture Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 14 Vista Palm Lane

Unit 107

Vero Beach, FL 32962

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical services to the public.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karen Battle

14 Vista Palm Lane Unit 107

Vero Beach, FL 32962

ARTICLE VI REGISTERED AGENT

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

Karen Battle

14 Vista Palm Lane Unit 107

Vero Beach, FL 32962

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen Battle

14 Vista Palm Lane Unit 107

Vero Beach, FL 32962

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

9/23/09

Date

9/23/09

Date

SECRETARY OF STATE

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