

PI 0000090485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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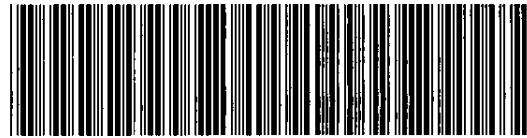
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV -4 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 8 2010

T. Burch NOV 8 2010

COVER LETTER

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

SUBJECT: Accupuncture and Pain Management, 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: Accupuncture and Pain Management, Inc.
Name (Printed or typed)
c/o Carol McDermott
860 111th Ave North Suite 3
Address

Naples Florida 34108
City, State & Zip

Daytime Telephone number

george mcdermott @ymail.com
E-mail address: (to be used for future annual report notification)

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: Acupuncture and Pain Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
860 111th Ave North
Suite #3
Naples, Fl. 34108

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide pain management

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol McDermott, President
Address: 1648 Citrine Trail
Tarpon Springs, Florida 34689

Name and Title: _____
Address: _____

Name and Title: George McDermott, Vice-President
Address: 1648 Citrine Trail
Tarpon Springs, Florida
34689

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Carol McDermott
Address: 1648 Citrine Trail
Naples Florida 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol McDermott
Address: 1648 Citrine Trail
Naples, Fl. 34689

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

Carol McDermott

Required Signature/Registered Agent

October 28, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carol McDermott

Required Signature/Incorporator

October 28, 2010
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA