

P11000060896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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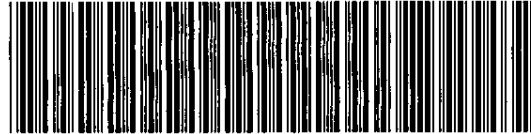
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 JUL -1 AM 9:56

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J. Shivers JUL 05 2011

COVER LETTER

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

SUBJECT: Sunset Acupuncture, 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: Wei Lu

Name (Printed or typed)

13315 SW 109th Court

Address

Miami, Florida 33176

City, State & Zip

305-608-1008

Daytime Telephone number

TCM.Harmony@gmail.com

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

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: Sunset Acupuncture, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
7265 SW 93rd Avenue
Suite #202
Miami, Florida 33173

Mailing address, if different is:

13315 SW 109th Court
Miami, Florida 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Practice of Oriental Medicine and any and all purposes that are legally allowable by a Florida Corporation.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Wei Lu, President</u>	Name and Title: _____
Address: <u>13315 SW 109th Court</u>	Address: _____
<u>Miami, Florida 33176</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Wei Lu
Address: 13315 SW 109th Court
Miami, Florida 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wei Lu
Address: 13315 SW 109th Court
Miami, Florida 33176

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

Required Signature/Registered Agent

06-17-2011

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.

Required Signature/Incorporator

06-17-2011

Date

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TALLAHASSEE, FLORIDA