

P12000002627

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JOYFUL HEART ACUPUNCTURE INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000007379

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JOYFUL HEART ACUPUNCTURE INCORPORATED
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
HARLEY S. BOGLEY
5950 WEST SHORES RD
FLEMING ISLAND, FL 32003

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT	Name and Title:
Address: HARLEY S. BOGLEY	Address:
5950 WEST SHORE ROAD	
FLEMING ISLAND, FL 32003	

Name and Title: VP	Name and Title:
Address: JOHN A. BOGLEY	Address:
5950 WEST SHORE ROAD	
FLEMING ISLAND, FL 32003	

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:

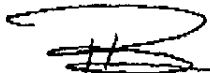
Name: HARLEY S. BOGLEY
Address: 5950 WEST SHORE ROAD
FLEMING ISLAND, FL 32003

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HARLEY S. BOGLEY
Address: 5950 WEST SHORE ROAD
FLEMING ISLAND, FL 32003

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

1/09/2012

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

1/09/2012

Date

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