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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 26 AM 11:32

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W12-5092  
2605-213  
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## COVER LETTER

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

SUBJECT: Acupuncture & Alternative Medicine  
(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: Kelly Potts  
Name (Printed or typed)

112 EVELYN AVE.  
Address

CLEARWATER FL 33765  
City, State & Zip

813-765-2493  
Daytime Telephone number

Kpottsap@gmail.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 & Alternative Medicine, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

112 EVELYN AVE  
CLEARWATER FL 33765

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Practice of Chinese Medicine

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kelly Potts, President  
Address: 112 EVELYN AVE  
CLEARWATER FL 33765

Name and Title: Eric Potts Treasurer  
Address: 112 EVELYN AVE  
CLEARWATER FL 33765

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Kelly Potts  
Address: 112 EVELYN AVE  
CLEARWATER FL 33765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kelly Potts  
Address: 112 EVELYN AVE  
CLEARWATER FL 33765

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

Kelly Potts

Required Signature/Registered Agent

10/22/12  
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.

Kelly Potts

Required Signature/Incorporator

10/22/12  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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