

P13000086309

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
10/22/13

## COVER LETTER

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

**SUBJECT:** Points of Wellness 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:** Carlos Sessler  
Name (Printed or typed)  
6104 NW 18th Ave.  
Address  
Gainesville, FL 32605  
City, State & Zip  
305.586.2998  
Daytime Telephone number  
iamCarlos@me.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**

Points of Wellness Acupuncture, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4131 NW 28th Lane, Suite SB

Gainesville, FL 32606

Mailing address, if different is:

6104 NW 18th Ave.

Gainesville, FL 32605

**ARTICLE III PURPOSE**

Provision of Oriental Medicine.

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 100

The number of shares of stock is:

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

Name and Title: Carlos Sessler, President

Name and Title:

Address 6104 NW 18th Ave.

Address:

Gainesville, FL 32605

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

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Address: \_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Carlos Sessler

Name: \_\_\_\_\_

6104 NW 18th Ave.

Address: \_\_\_\_\_

Gainesville, FL 32605  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carlos Sessler

Name: \_\_\_\_\_

6104 NW 18th Ave.

Address: \_\_\_\_\_

Gainesville, FL 32605  
\_\_\_\_\_

*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*

Carlos Sessler

Required Signature/Registered Agent

10/16/2013

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.*

Carlos Sessler

Required Signature/Incorporator

10/16/2013

Date