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## **COVER LETTER**

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

i.t

## Points of Wellness Acupuncture, Inc. SUBJECT: \_ (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

.44

**\$78.75** Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED** 

\$\$7.50

.....

Carlos Sessler

FROM:

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.

RTICLE I   NAME   Points of Wellness Acupuncture, Inc.     ne name of the corporation shall be:					
TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if differ			
131 NW 28th Lane , Suite SB		6104 NW 18th Ave.			
inesville, FL 32		Gainesville, FL	.32605		
TICLE III PUR purpose for which t	POSE Provisi he corporation is organized is:	on of Oriental Medicine.			
number of shares of	TAL OFFICERS AND/OR DIRECT Carlos Sessler, President :: 6104 NW 18th Ave.	ORS Name and Title: Address:	13 OCT 21 PH 2: 43 SECRETARY OF STATE THALLAHASSEE, FLORIDA		
			, <u>, , , , , , , , , , , , , , , ,</u>		
Name and Title: Address					

Address 13 OCT 21   SECRETARY 0   IALLAHASSEE	•		۰.	
Inductor Inductor   RETICLE VI REGISTERED AGENT   he mame and Florida street address (P.O. Box NOT acceptable) of the registered agent is:   Name: Carlos Sessler   Address: Gainesville, FL 32605   Introduction Gainesville, FL 32605   RETICLE VII INCORPORATOR   he mame and address of the Incorporator is: Carlos Sessler   Name: Gainesville, FL 32605   Intervention Gainesville, FL 32605	ame and Title:		Name and Title:	FILED
CECRETARY 0   INTICLE VI REGISTERED AGENT   he mame and Florida street address (P.O. Box NOT acceptable) of the registered agent is:   Carlos Sessier   Name:   Gainesville, FL 32605   RTICLE VII INCORPORATOR   he mame and address of the Incorporator is:   Carlos Sessier   Name:   Gainesville, FL 32605   RTICLE VII INCORPORATOR   he mame and address of the Incorporator is:   Carlos Sessier   Name: Gainesville, FL 32605   Name:   Gainesville, FL 32605   Invite and accept service of process for the above stated corporation at the place a dis certificate. I am forsition with and accept the appointment as registered agent and agree to act in this capacity   Carlos Sessier   Invite constitutes a third degree felony as provided for in s.817.155, F.S.   Submit this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.   Invite Carlos Sessier   Invite Carlos Sessier	Address		Address:	13 OCT 21 PM 2
RTICLE VI REGISTERED AGENT   he name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:   Name: Carlos Sessier   Name: 6104 NW 18th Ave.   Address: Gainesville, FL 32605   RTICLE VII INCORPORATOR   he name and address of the Incorporator is: Carlos Sessler   Name: Carlos Sessler   Name: 6104 NW 18th Ave.   Address: Gainesville, FL 32605   Name: 6104 NW 18th Ave.   Address: Gainesville, FL 32605   aving been named at registered agent to accept service of process for the above stated corporation at the place discertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity   Carlos Sessler 10/16/2013   Submit this document of of offirm that the facts stated herein are true. I am aware that the false information su countent to the Department of the aconstitutes a third degree felony as provided for in s.817.155, F.S.   Submit this document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.   Submit this document to the Department of the aconstitutes a third degree felony as provided for in s.817.155, F.S.				
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