

P16000057202

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

~~7-110-31955~~

TH  
7/12/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2016

DAVID SUOMELA  
1566 S.E. 3RD CT.  
DEERFIELD BEACH, FL 33441

SUBJECT: ACUPUNCTURE DETOX SPECIALISTS OF AMERICA INC.  
Ref. Number: W16000031955

RECEIVED  
16 JUN 29 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ACUPUNCTURE DETOX SPECIALISTS OF AMERICA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 116A00009002

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

Acupuncture Detox Specialists of America 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: David Suomela  
\_\_\_\_\_  
Name (Printed or typed)  
  
1566 S.E. 3rd. Ct.  
\_\_\_\_\_  
Address  
  
Deerfield Beach, Fl. 33441  
\_\_\_\_\_  
City, State & Zip  
  
954-420-3112  
\_\_\_\_\_  
Daytime Telephone number  
  
pureacu@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

Acupuncture Detox Specialists of America Inc.

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

1566 S.E. 3rd. Ct.

Deerfield Beach, Fl. 33441

Mailing address, if different is: \_\_\_\_\_

### ARTICLE III PURPOSE

Provide Acupuncture Detox programs to Drug Rehabilitation Facilities

The purpose for which the corporation is organized is: \_\_\_\_\_  
to increase their success rates and reduce recidivism.

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TALLAHASSEE, FLORIDA

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### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. David Suomela D.O.M. President, CEC

Address: 1566 S.E. 3rd. Ct.

Deerfield Beach, Fl. 33441

Name and Title: Jennifer Suomela, Vice President, CFO

Address: 1566 S.E. 3rd Ct.

Deerfield Beach, Fl. 33441

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

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

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

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

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

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

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

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: David Suomela  
Address: 1566 S.E. 3rd. Ct.  
Deerfield Beach, Fl. 33441

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Suomela  
Address: 1566 S.E. 3rd. Ct.  
Deerfield Beach, Fl. 33441

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/19/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X [Signature]  
Required Signature/Registered Agent

4/19/16

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.*

X [Signature]  
Required Signature/Incorporator

4/19/16

Date