

P20000085156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

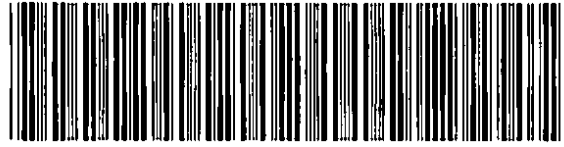
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/03/20--01001--002 **70.00

2020 NOV -2 PM 4:39

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FBI (30)

COVER LETTER

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

SUBJECT: Q Acupuncture & Herb clinic 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Q Acupuncture & Herb clinic
Name (Printed or typed)

5200 W Newberry Rd. D-8
Address

Gainesville FL 32607
City, State & Zip

(352) 283-3637
Daytime Telephone number

Q gacud8@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: Q Acupuncture & Herb clinic inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5200 W Newberry Rd

Mailing address, if different is:

Gainesville FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Q Acupuncture & Herb clinic

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David M. park / president Name and Title: _____

Address 11423 SW Williston Rd Address: _____
Micanopy FL 32667

Name and Title: Angela park / secretary Name and Title: _____

Address 11423 SW Williston Rd Address: _____
Micanopy FL 32667

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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 M park

Address: 5200 W Newberry Rd D-8
Gainesville FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David M. park

Address: 11423 SW Willis Rd
Micanopy FL 32667

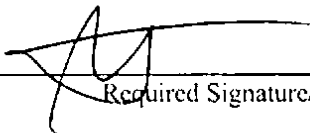
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

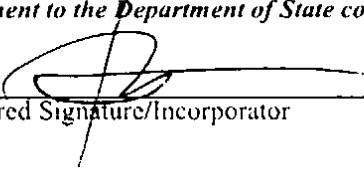
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/2/2020
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

11/2/2020
Date

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To: Division of corporations in FL.

9- David M park, the president of
A Acupuncture & Herb clinic inc
(P19000064982) Filed 8/13/2019

do not want to Reinstall above corp.

David M. park / 

11/2/2020

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