

Electronic Articles of Incorporation For

P20000095831
FILED
December 03, 2020
Sec. Of State
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AMERICAN ACUPUNCTURE ACADEMY, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

AMERICAN ACUPUNCTURE ACADEMY, INC.

Article II

The principal place of business address:

6909 OLD HIGHWAY 441
200
MOUNT DORA, FL. US 32757

The mailing address of the corporation is:

1315 OLYMPIA AVE
MOUNT DORA, FL. US 32757

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

SHAYLAH VISHNU
1315 OLYMPIA AVE
MOUNT DORA, FL. 32757

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SHAYLAH VISHNU

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Article VI

The name and address of the incorporator is:

SHAYLAH VISHNU
1315 OLYMPIA AVE

MOUNT DORA, FL. 32757

Electronic Signature of Incorporator: SHAYLAH VISHNU

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
SATERRA VISHNU
1315 OLYMPIA AVE.
MOUNT DORA, FL. 32757

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AFFIDAVIT

The State of Florida)
) S.S.
County of LAKE)

I, SHAYLAH VISHNA, of MOUNT DORA, in LAKE, Florida, MAKE OATH AND SAY THAT:

- I will no longer be using the business name of AMERICAN ACUPUNCTURE ACADEMY, INC. and have no intention of using it in the future. I release this name.

STATE OF FLORIDA

COUNTY OF LAKE

SUBSCRIBED AND SWORN TO BEFORE ME,
by means of X physical presence or ___ online
notarization, on the 14th day of December, 2020

Signature

(Seal)

NOTARY PUBLIC

My Commission expires:

Shaylah Vishna
(Signature)

SHAYLAH VISHNA

