

PO 70000 42283

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000087387 3)))



H070000873873ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
07 APR -4 PM 1:12
DEPT. OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 999-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

HOLISTIC MEDICAL INSTITUTE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

D. WHITE APR 5 2007

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
OF
HOLISTIC MEDICAL INSTITUTE INC

FILED
07 APR -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

HOLISTIC MEDICAL INSTITUTE INC

The principal place of business and mailing address of this corporation shall be:

5040 NW 7th St Suite # 750
MIAMI FL, 33126

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in medical services or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES \$ 1.00 PER VALUE

ARTICLE IV - TERMS OF EXISTENCE

This corporation is to exist perpetually.

Prepared by:

Hispan American Services Inc.
1835 W. Flagler St., Suite # 201
Miami, FL 33135

ARTICLE V - OFFICERS, DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected,


ROXANA VALETON
8027 NW 8th ST APT. # 2
Miami, Fl 33126

ARTICLE VI - INCORPORATOR(S)

The name(s) and address (es) of the incorporator(s) to these articles of incorporation is(are):

ROXANA VALETON
8027 NW 8th ST APT. # 2
Miami, Fl 33126

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30th day of March, 2007

x 

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED
07 APR -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation _____

HOLISTIC MEDICAL INSTITUTE INC

2. The name and address of the registered agent and office is:

ROXANA VALETON

(P.O. BOX NOT ACCEPTABLE)

8027 NW 8th ST Apt. # 2, Miami, Fl 33126

(ADDRESS OFFICE)

SIGNATURE _____



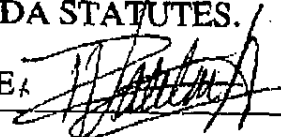
(corporate officer)

TITLE President

DATE 03/30/2007

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____



DATE 03/30/2007