# F12000000587

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
(Document Number)  Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Business Entity Name)			
Certified Copies Certificates of Status				
	(Document Number)			
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Special Instructions to Filing Officer:				
Special instructions to Filing Officer:	0 111 1 5 05			
	Special Instructions to Filing Officer:			

Office Use Only



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× 02/09/12

### **COVER LETTER**

	w Filing Section vision of Corporations	
	H171 -	A.C
SUBJECT	Name of corporation - must in	nclude suffix
Dear Sir or	Madam:	
"Certificate	ed "Application by Foreign Corporation for Authoriz of Existence," or "Certificate of Good Standing" and enced foreign corporation to transact business in Flor	d check are submitted to register the
Please retur	rn all correspondence concerning this matter to the fo	llowing:
	Cesar Cafr	8
	Name of Person	
	Hola Doctor	Inc.
	Firm/Company	- 1
	30 Mansell Court	Suite 215
	Address	
	Moswell, 6A 3	2500
	City/State and Zip co	
	Czafra@ holad	octor. net
	E-mail address: (to be used for future	annual report notification)
For further i	information concerning this matter, please call:	
<u>Ceso</u>	me of Person at (770) E	SY9 0298 x 106 Daytime Telephone Number
Nev	REET/COURIER ADDRESS: w Filing Section	MAILING ADDRESS: New Filing Section
	rision of Corporations fton Building	Division of Corporations P.O. Box 6327
266	Executive Center Circle lahassee, FL 32301	Tallahassee, FL 32314
Enclosed is	a check for the following amount:	
<b>5</b> 70.00	- 11 - 1	Filing Fee & \$87.50 Filing Fee, cd Copy Certificate of Status &

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) wellness content, applications, products & services; translation; (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robert Estra 30 Housell Court, Svite 215 Roswell, 6A 30076 Non-Executive Robert Coggin Dirk Schroeder Address: 20 Aloin Drive Newnay, 6A 30263 Director: Deborah Dean Address: 30 Husell Ct, Suite 215 10 East 40th Street, Sile 4101 Roswell, 6A 30076 New York, NY 10016 Director: Michael Frankel · Director: Thomas Welsh Address: 318 Cliff Avenue B921 Canyon Falls Blut., Svite 100 Pelham, NY 10803 Twinsburg, DH 44087 **B. OFFICERS** CEO: Robert Estrada President: Deborah Dean Address: 30 Muscl Ct, Svite 215 Rosnell, 6A 30076 Vice President: Divk Schroelar Address: Same Address Secretary: Deborch Dean Address: Same Address NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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. 14. Deboah Dem President K Coo
(Typed or printed name and capacity of person signing application)

Control No. K932975

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the scal of my office that

#### HOLADOCTOR, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/09/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 19th day of December, 2011

B: P.L

Brian P. Kemp Secretary of State

Certification Number: 7873475-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp