

P. 000000 18670
TRANSMITTAL LETTER

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

300003138519--9
-02/17/00--01050--008
*****78.75 *****78.75

SUBJECT: ANANDA HOLISTIC HEALING INSTITUTE
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 17 PM 1:59

FILED

Enclosed is 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: MARJORIE OLARTE / MARTIN TORRES
Name (Printed or typed)

850 N.W. 87th # 305
Address

Miami, FL. 33172
City, State & Zip

(305) 480-1865
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

F. CHESN FEB 22 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ANANDA HOLISTIC HEALING INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

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

850 N.W. 87th Avenue # 305- Miami, Florida 33172

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Marjorie Olarte- 915 N.W. 1st. Avenue # 210, Miami, FL 33136

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

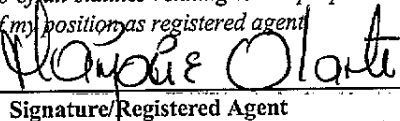
Martin Torres - 850 N.W. 87th Avenue # 305
Miami, FL 33172


Signature/Incorporator

2/14/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

2/14/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EB 17 PM 1:59

FILED