

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

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SUBJECT: HOLISTIC ORIENTATION TO PERSONAL ENHANCEMENT, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:			
\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
	\$78.75 Filing Fee		

ADDITIONAL COPY REQUIRED

FROM:	RAMON REYES	
	Name (Printed or typed)	
	5035 PALM AVE.	
	Address	
	HIALEAH, FL. 33012	
	City, State & Zip	
	(305)822-0669	
	Daytima Telephone number	

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

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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:

HOLISTIC ORIENTATION TO PERSONAL ENHANCEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

14255 SW 57 LN # 11 Miami, FL. 33183

ARTICLE III SHARES

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

1,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Isabel A. Semiday 6526 Kendale Lakes Dr. #1402 Miami, FL. 33183

ARTICLE V INCORPORATOR

Signature/Incorporator

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

PRESIDENT/ Ana M. Hereau-Mijares 14255 SW 57 Ln. Apt 11 Miami, FL. 33183

VICE-PREIDENT/ Isabel A. Semiday 6526 Kendale Lakes Dr. #1402 Miami, FL. 33183 SECRETARY

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.

ture/Registered Agent/ Date