POLOOI 1953

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

SUBJECT:	HO11STIC The (Proposed corpor	ERAPY Solo rate name - plust include suff	ATIONS, INC
	,	300	00047207136 -12/12/0101050017 ******78.75 ******78.7
Enclosed is an original	al and one(1) copy of the articles	s of incorporation and a ch	neck for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM:	SANDRA L. 5722 Flam		
•	City, S (954) 680	idress I=L 333 tate & Zip - \$069 ephone number	2001 DEC 12 AM 10: 05 SECRE ARY OF STATE TALLAHASSEE FLORIDA

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

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.

2001 DEC 12 AM 10: 05

<u>ARTICLE I</u>	NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE FLORIDA

HOLISTIC THERAPY SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

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

5722 Flamingo Roan #358 Cooper City, FL 33330

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

750

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SANDRA L. MCCARTNEY 5722 Flamingo Road #358 Cooper City, FL 33330 CTICLE V INCORPORATOR

ARTICLE V

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

SANDRA L. MCCARTNEY 5722 FIAMINGO ROAD #358 Cooper City, EL 33330

(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

12-6-0/ Date