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TRANSMITTAL LETTER

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

SUBJECT: MONIQUE SERRES ENTERPRISES CO
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MONIQUE SERRES
Name (Printed or typed)

MAILING: PO BOX 2332
Address

HALLANDALE FL 33008
City, State & Zip

954-456 9489
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be : MONIQUE SERRES ENTERPRISES CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is : PO BOX 2332 HALLANDALE FL 33008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is :
PROVIDER OF ALTERNATIVE HEALTHCARE SERVICES AND SEMINARS.

ARTICLE IV SHARES

The number of shares of stock is : 40

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name, address and specific title :
MONIQUE SERRES PO BOX 2332 HALLANDALE FL 33008 - DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is :
MONIQUE SERRES 912 NE 2 ST - HALLANDALE FL 33009


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is :
MONIQUE SERRES PO BOX 2332 HALLANDALE FL 33008

ARTICLE VIII DATE OF INCORPORATION

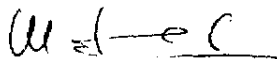
The effective date of incorporation is : FEBRUARY 4TH 2005

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of registered agent

Date 02/02/05



Signature of Incorporator

Date 02/02/05

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