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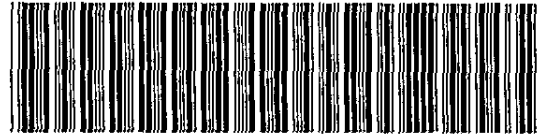
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HOLISTIC NURSING CARE AGENCY INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF

Holistic Nursing Care Agency Inc

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: Holistic Nursing Care Agency Inc

ARTICLE II
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of one dollar (\$ 1.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

7400 NW 7 Street, Ste 201
Miami FL 33126

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Laiza B Labrada
ADDRESS 15675 Sw 9 Lane
CITY Miami STATE FL ZC 33194

NAME Maria Elena Perez
ADDRESS 2715 Sw 137 Place
CITY Miami STATE FL ZC 33175

ARTICLE VIII
INCORPORATORS

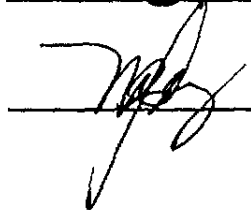
The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Laiza B Labrada TITLE President
ADDRESS 15675 Sw 9 Lane
CITY Miami STATE FL ZC 33194

NAME Maria Elena Perez TITLE Secretary
ADDRESS 2715 Sw 137 Place
CITY Miami STATE FL ZC 33175

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 21 day of February of 2006

 (Seal)

 (Seal)

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

Larza B Labrada & Maria Elena Perez

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 21 day of February of 2006.

L Ballina

Notary Public
State of Florida at Large



CERTIFICATE OF REGISTERED AGENT

OF

Holistic Nursing Care Agency Inc

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That Holistic Nursing Care Agency Inc desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Miami, County of Dade State of Florida, has named:

Mr/Ms Larza B Labrada
Located at 15675 SW 9 Lane
City of Miami County of Dade
State of Florida

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



Registered Agent