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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

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

**SUBJECT:** Maye Holistic Med, Inc.
**(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: Frank M. Maye
Name (Printed or typed)

10844 SW 132 Circle Ct.
Address

Miami, Florida 33186
City, State & Zip

305-380-0951
*Daytime Telephone number*

**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)

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TALLAHASSEE, FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

Maye Holistic Med, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

10844 SW 132 Circle Ct.
Miami, Florida 33186

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

Medical office providing patient care

***ARTICLE IV SHARES***

The number of shares of stock is:

30

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

List name(s), address(es) and specific title(s):

Frank M. Maye - 10844 SW 132 Circle Ct., Miami, Florida 33186 President
Laura J. Maye - 10844 SW 132 Circle Ct., Miami, Florida 33186 Vice-President

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Kenneth ReKANT
333 41st Street - Suite 506
Miami Beach, Florida 33140

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Frank M. Maye 10844 SW 132 Circle Ct., Miami, Florida 33186

**********

***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/Registered Agent — Date: 9-14-06

Signature/Incorporator — Date: 9-14-06