

PO 000120002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

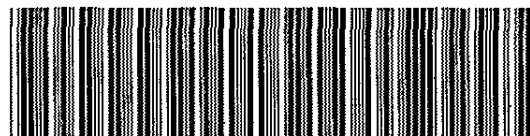
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079667632

09/18/06--01021--016 **87.50

FILED

06 SEP 18 PM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fo

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)

ARTICLE I NAME

The name of the corporation shall be:

Maye Holistic Med, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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:

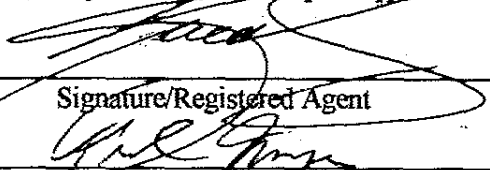
Kenneth ReKANT
333 41st Street - Suite 506
Miami Beach, Florida 33140

ARTICLE VII INCORPORATOR

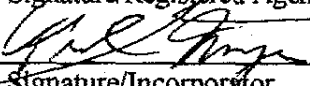
The name and address of the Incorporator is:

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



Signature/Incorporator

9-14-06

Date

9-14-06

Date

FILED
06 SEP 18 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA