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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton APR 05 2007

## TRANSMITTAL LETTER

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

SUBJECT: Holistic Solutions INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: FRANCINE Adams  
Name (Printed or typed)

6970 NW 186 ST, Suite 211  
Address

Miami Gardens, FL 33015  
City, State & Zip

305-394-6732  
Daytime Telephone number

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

check 262  
BOX

# 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: Holistic Solutions Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6970 NW 186 st.  
Suite 211  
Miami Gardens, FL 33015

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultation, manufacture of beauty products, hair care, skin care, training and related services for self improvement

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Francine Adams, President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Francine Adams

6970 NW 186 St  
Suite 211  
Miami Gardens, FL 33015

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Francine Adams

6970 NW 186 St.  
Suite 211  
Miami Gardens, FL 33015

\*\*\*\*\*

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

Francine Adams

Signature/Registered Agent

4/1/07

Date

Francine Adams

Signature/Incorporator

4/1/07

Date

2007 APR -4 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED