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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA PROFIT/NON PROFIT CORPORATION

HOLISTIC PEDIATRICS, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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DIVISION OF CORPORATION

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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 PEDIATRICS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4382 FOXTAIL LANE
WESTON, FLORIDA 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR
LINDA COLON
4382 FOXTAIL LANE
WESTON, FLORIDA 33331

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PAGE 2 HOLISTIC PEDIATRICS, INC

ARTICLE VI REGISTERED AGENT

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

LINDA COLON
4382 FOXTAIL LANE
WESTON, FLORIDA 33331

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

LINDA COLON
4382 FOXTAIL LANE
WESTON, FLORIDA 33331

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.



LINDA COLON / Registered Agent

8-14-08

Date



LINDA COLON /Incorporator

8-14-08

Date

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