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OS SEP 25 PH SECRETARY OF

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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$\$\sum \$78.75 \$\$\text{Filing Fee}\$\$ Filing Fee \$\$Filing Fee \$\$Ecertificate of Status \$\$Ecertified Copy \$\$Certified Copy \$\$Ecertified Copy \$	SUBJECT:	International Holistic Center				
Filing Fee Filing Fee & Certificate of Status FROM: Dr. Ellzabeth King Name (Printed or typed) 3471 N Federal Hwy Sulte 410 Address		(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Dr. Elizabeth King Name (Printed or typed) 3471 N Federal Hwy Suite 410 Address	Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
FROM: Dr. Elizabeth King Name (Printed or typed) 3471 N Federal Hwy Suite 410 Address	· •	Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate o		
Name (Printed or typed) 3471 N Federal Hwy Sulte 410 Address			ADDITIONAL C			
Address	FROM:	Nam	e (Printed or typed)			
Fort Lauderdale, FL 33306						
City, State & Zip						
954-734-3377 Daytime Telephone number	*****					
DrKing@DrElizabethKing.com E-mail address: (to be used for future annual report notification)				notification)		

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



September 15, 2009

DR. ELIZABETH KING 3471 N FEDERAL HWY SUITE 410 FORT LAUDERDALE, FL 33306

SUBJECT: INTERNATIONAL HOLISTIC CENTER

Ref. Number: W09000041338

We have received your document for INTERNATIONAL HOLISTIC CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 609A00030456

Valerie Herring Regulatory Specialist II New Filing Section

Division of Communations D.O. DOV COOR Mallal Ell. 11, 2001



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:

09 SEP 25 PM 2: 12

SECRETARY OF STATE INTERNATIONAL HOLISTIC Center, INC. AHASSEE, FLORIDA

4.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3471 N. Federal Hwy, Suite 410 Fort Lauderdale, FL 33306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide an integrative approach to health

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President & Director Dr. Elizabeth King, EdD, LCSW 3471 N. Federal Hwy, Suite 410

ARTICLE VI REGISTERED AGENT

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

Altagracia Salas, CPA 4581 Weston Road #196 Weston, FL 33331

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Altagracia Salas, CPA

4581 Weston Road #196 Weston, FL 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

Signature/Registered Agent

Signature/Incorporator

9-05-0

Date

9-25-09

Date