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COVER LETTER

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

SUBJECT: PMZ Ho	listic Care Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 o Status
	ADDITIONAL COPY REC		PY REQUIRED
-	rla M. Zapata, A.P. Nam 5 Orange Ave STE 2	e (Printed or typed)	
		Address	
<u>Wir</u>	ter Park, FL 32789 City,	State & Zip	
321	-279-8916		
	Daytime 1	Celephone number	
ca i	barrau@hotmail.com		
<u></u>		ed for future annual report i	notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Holistic Care Inc ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1355 Orange ALC 分丘コ winfer lack, FL 32789 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Praide Medical Services to the commonity ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): recla Zafata 1355 orange ALL StED winter Pack, FL 32789 ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Pecla Zapata 1355 OFAME Are PACK, FL 32789 wintk ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Perla 1355 orange Are CTE2 Winter Park, FC 32789 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

ARTICLES OF INCORPORATION

Signature/Incorporator