

01/03/2003 11:08:30 220-1440 LAZARUS
P11000000434
https://eric.edbiz.org/screen/submit.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000000861 3)))



H110000008613ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HOLISTIC ADULT CARE CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
JAN -3 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

11 JAN -3 PM 3:56

H11000000861

ARTICLES OF INCORPORATIONSECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Holistic Adult Care Center Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

10240 SW 56 ST
Miami FL 33173
Ste #113, 114, 115

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yamilet MORA
10240 SW 56 ST
Miami FL 33173
Ste 113, 114, 115

H11000000861

FILED

H11000000861

11 JAN -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Yamilet MORA
Mayle Calvajar
10240 SW 56 ST. STE. 113, 114, 115
Miami FL 33173

The undersigned incorporator has executed these Articles of Incorporation this

3 day of January 2011.


Signature

ARTICLE VI - DIRECTOR (S)

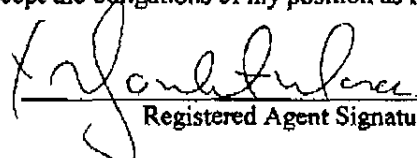
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Yamilet MORA (P)
Mayle Calvajar (VP)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

H11000000861