Electronic Articles of Incorporation For

FLORIDA INSTITUTE OF HOLISTIC MEDICINE, INC.

P11000043572
FILED
May 05, 2011
Sec. Of State
jshivers

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

FLORIDA INSTITUTE OF HOLISTIC MEDICINE, INC.

Article II

The principal place of business address:

565 MEMORIAL CIRCLE
#B
ORMOND, FL. 32174

The mailing address of the corporation is:

PO BOX 290568
PORT ORANGE, FL. 32129

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

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

DULCE MARIA CORRALES
565 MEMORIAL CIRCLE
#B
ORMOND, FL. 32174

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DULCE MARIA CORRALES

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Article VI

The name and address of the incorporator is:

DULCE MARIA CORRALES
PO BOX 290568

PORT ORANGE, FL 32129

Electronic Signature of Incorporator: DULCE MARIA CORRALES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
DULCE MARIA CORRALES
PO BOX 290568
PORT ORANGE, FL. 32129

Article VIII

The effective date for this corporation shall be:

05/05/2011