

P110000086932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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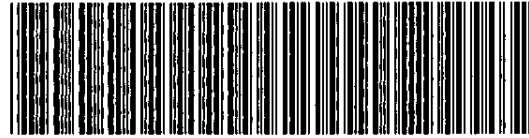
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/11--01012--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT -3 PM 1:22

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: COMPLETE HOLISTIC CLINIC, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: HERMIN EXILUS

Name (Printed or typed)

3940 N. ANDREWS AVE

Address

OAKLAND PARK, FL 33309

City, State & Zip

954-564-3137

Daytime Telephone number

herminexilus@comcast.net

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME COMPLETE HOLISTIC CLINIC, INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
3940 N. ANDREWS AVE
OAKLAND PARK, FL 33309

Mailing address **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERMIN EXILUS, President
Address: 3940 N. ANDREWS AVE
OAKLAND PARK, FL 33309

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Hermin Exilus
Address: 3940 N. ANDREWS AVE
OAKLAND PARK, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERMIN EXILUS
Address: 3940 N. ANDREWS AVE
OAKLAND PARK, FL 33309

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



Required Signature/Registered Agent

09-28-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

09-28-11

Date