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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER .

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

SUBJECT: COMPLETE HOLISTIC CLINIC, INC.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: HERMIN EXILUS Name	(Printed or typed)			
3940 N. ANDREWS AVE	ddress			
OAKLAND PARK, FL 33 City, 5	3309 State & Zip			
954-564-3137  Daytime Te	elephone number			
herminexilus@comcast.n E-mail address: (to be used	let 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)



09-28-11

Date

ARTICLE II PRINCIPAL OFFICE Principal Street address 3940 N. ANDREWS AVE OAKLAND PARK, FL 33309  ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business.  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: HERMIN EXILUS. President Name and Title: Address: 3940 N. ANDREWS AVE OAKLAND PARK, FL 33309  Name and Title: Name and Title: Address: Ad	ARTICLE I NAME The name of the corporation		TIC CLINIC, INC.	11 OCT -3 PH 1:2
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		d affirm that the facts stated herein It of State constitutes a third degree j		

Required Signature/Incorporator