

P14000084007

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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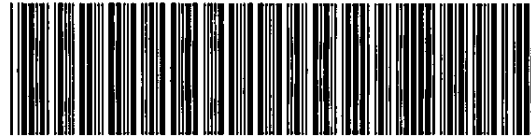
(Business Entity Name)

(Document Number)

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14 OCT 10 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-58361

**COVER LETTER**

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

SUBJECT: PRAXIS - SALUS GROUP 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: VICTOR HERRERA  
Name (Printed or typed)  
1861 HARLAND PARK DR  
Address  
WINTER PARK, FL 32789  
City, State & Zip  
(407) 739 4839  
Daytime Telephone number  
VHERRERAO@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2014

VICTOR HERRERA  
1861 HARLAND PARK DR  
WINTER PARK, FL 32789

SUBJECT: PRAXIS-SALUS GROUP  
Ref. Number: W14000058361

RECEIVED  
14 OCT 10 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PRAXIS-SALUS GROUP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 314A00020443

**ARTICLES OF INCORPORATION**

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

**ARTICLE I    NAME**

The name of the corporation shall be:

**PRAXIS - SALUS GROUP    *INC***

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

**1861 HARLAND PARK DR**

**WINTER PARK, FL 32789**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

*1) SUPPORT HEALTH CARE ORGANIZATIONS*

*2) CREATE PROGRAMS TO DEVELOP  
HUMAN POTENTIAL*

**ARTICLE IV    SHARES**

The number of shares of stock is:

**10 SHARES OF \$ 100.00 EACH**

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **DR. VICTOR HERRERA / DIRECTOR**

Address: **1861 HARLAND PARK DR  
WINTER PARK, FL 32789**

Name and Title: **DR. JULIANA GAITAN / DIRECTOR**

Address: **1861 HARLAND PARK DR  
WINTER PARK, FL 32789**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 OCT 10 PM 2:09  
NOTARIAL PUBLIC  
JULIANA GAITAN

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DR. VICTOR HERRERA

Address: 1861 HARLAND PARK DR  
WINTER PARK, FL 32789

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DR. VICTOR HERRERA

Address: 1861 HARLAND PARK DR  
WINTER PARK, FL 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*

\_\_\_\_\_  
Required Signature/Registered Agent

8/27/14  
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

8/27/14.  
Date

14 OCT 10 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA