

11/18/2032 06:17 #5818 F 001/00
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HOLLISTIC MEDICAL CENTER INC.**

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

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MD 1/6

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

H15000002437

ARTICLE I NAME: The name of the corporation is:

Holistic Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

330 SW 27 Ave. Miami FL 33135
Suite # 1706

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ANABELL ROBAYNA (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANABELL ROBAYNA
330 SW 27 AVE
MIAMI FL 33135

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Anabell Robayna
330 SW 27 AVE
MIAMI FL 33135

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11/16/2032 06:18

#5818 P.003/003

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DEPARTMENT OF STATE
AT WASHINGTON, D.C.

Required Signatures:

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



Registered Agent 01/05/15
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.



Incorporator 01/05/15
Date

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