

05/04/2033

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#4565 P.001/003

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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SECRETARY OF STATE
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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
HOLISTIC MEDICAL CENTER CORP.**

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Holistic Medical Center Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

330 SW 27 Ave

Suite 700

Miami FL 33135

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

P: Clarivel Bacallao

VP: Marlene Alarcon

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Clarivel Bacallao

330 SW 27 Ave Suite 700

Miami FL 33135

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

Marlene Alarcon

330 SW 27 Ave Suite 700


Miami FL 33135

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H15000154569

Required Signatures:

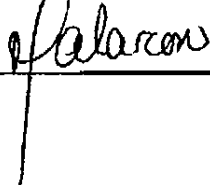
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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

Date

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