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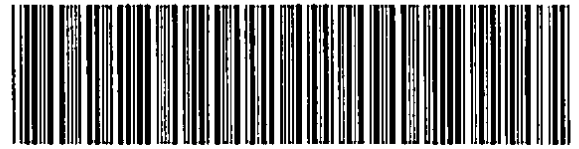
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19 MAR 15 AM 9:35
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORIDA CENTER OF HOLISTIC MEDICINE, P.A.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SaTerra Vishnu

Name (Printed or typed)

1315 Olympia Avenue

Address

Mount Dora, FL 32757

City, State & Zip

(352)325-7477

Daytime Telephone number

lacudoc@gmail.com

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)

ARTICLE I NAME

The name of the corporation shall be: FLORIDA CENTER OF HOLISTIC MEDICINE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1315 OLYMPIA AVENUE

MOUNT DORA, FL 32757

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ACUPUNCTURE AND TRADITIONAL CHINESE
MEDICINE SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SaTerra Vishnu, President

Address: 1315 Olympia Avenue
Mount Dora, FL 32757

Name and Title: Shaylah Vishna, Vice President

Address: 1315 Olympia Avenue
Mount Dora, FL 32757

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 MAR 15 AM 9:35
CLERK OF COURT
STATE OF FLORIDA
MOUNT DORA

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: SaTerra Vishnu

Address: 1315 Olympia Avenue

Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

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

Name: SaTerra Vishnu

Address: 1315 Olympia Avenue

Mount Dora, FL 32757

ARTICLE VIII EFFECTIVE DATE: 01/01/2019

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

ⓧ [Signature]
Required Signature/Registered Agent

ⓧ 3/10/19
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.

ⓧ [Signature]
Required Signature/Incorporator

ⓧ 3/10/19
Date