

**P19000093942**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HOLISTIC HOMEMAKERS & COMPANION INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 DEC 19 AM 8:34

**FILED**

Effective date  
01-01-20

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Holistic HOMEMAKERS & companion INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10240 SW 56 ST  
Suite 112D  
MIAMI FL 33165

**ARTICLE III SHARES:** The number of shares of stock is: 1000

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Mayle Calvajar CP

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TALLAHASSEE, FL

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

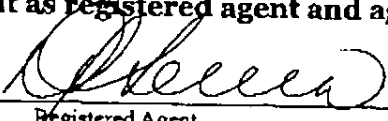
Mayle Calvajar  
10240 SW 56 ST Suite 112D  
Miami FL 33165

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

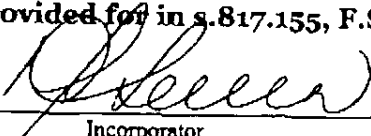
Mayle Calvajar  
10240 SW 56 ST Suite 112D  
Miami FL 33165

**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

 12/18/19  
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.

 12/18/19  
Incorporator Date

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