## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003644673)))



H190003644673ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

|        | Division of Co    | rporations   |
|--------|-------------------|--|
|        | Fax Number        | : (850)617-6381  |
| From:  |                   |  |
|        | Account Name      | : LAZARUS CORPORATE FILING SERVICE, INC.   |
|        | Account Number    | : I20000000019   |
|        | Phone             | : (305)552-5973  |
|        | Fax Number        | : (305)675-5944  |
| *Entan | the email address | s for this husiness entity to be used for future   |
|        |                   | s for this business entity to be used for future ings. Enter only one email address please. •• |
|        |                   |  |

## FLORIDA PROFIT/NON PROFIT CORPORATION HOLISTIC NURSE REGISTRY, INC

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

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

Effective date

| 01-01-20  |
|---|
| ARTICLE I NAME: The name of the corporation is:   |
| Holistic Nurse Registry, INC  |
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:                                    |
| 102905W 56 ST   |
| Suite 112 D   |
| MIAMI FC 33165  |
|   |
| ARTICLE III SHARES: The number of shares of stock is:                                   |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEI:S:  MAYIE ALVATAR (P)                       |
|   |
|   |
|   |
|   |
|   |
|   |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:                                 |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Mayle Calvajar  |
| 10240 su 56 St Suite 1121)  |
| Miami F1 33165  |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |
| Mayle Calvairr  |
| 102-10 SW 56 St Suite 112 )   |
| 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

Registered Agent

12/18/19

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

I ite