

TRANSMITTAL LETTER

P98000093089

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

400002677504--5

-11/02/98--01036--012
*****78.75 *****78.75

SUBJECT: Wholistic Medicine Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Leonar Murciano - Luna
Name (Printed or typed)

771 NE 199 St., #202
Address

Miami FL. 33179
City, State & Zip

(305) 653-7753
Daytime Telephone number

Leonar GAVE
AUTHORIZATION BY PHONE TO
CORRECT. Verify the Caption
DATE 11-3-98
DOC. CB

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV - 2 AM 11:03

FILED

CB
11-3-98
2

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
98 NOV -2 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Wholistic Medicine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

771 NE 199 St, # 202
MIAMI, FL 33179

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Leonor Murelano-Luna
771 NE 199 St, #202 Miami, FL 33179

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leonor Murelano-Luna
771 NE 199 St, #202 Miami FL 33179



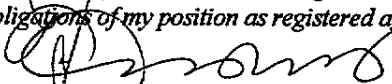
Signature/Incorporator

Oct. 26, 1998

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

Oct. 26, 1998

Date