

F00000000685

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200003127532--2

-02/08/00--01080--017

*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. eTherapy.com, Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in
 Pick up time 2/8
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

FILED OF STATE
 SECRETARY OF CORPORATIONS
 RECEIVED
 00 FEB -8 PM 1:05
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 00 FEB -8 AM 11:00

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

BR
2/8/00

Examiner's Initials

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: eTherapy.com, Inc.
(Name of corporation - must include suffix)

FILED STATE
SECRETARY OF CORPORATIONS
00 FEB - 8 PM 1:06

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael A. Barr, President
(Name of Person)
United Corporate Services, Inc.
(Firm/Company)
10 Bank Street Suite 560
(Address)
White Plains, NY 10606
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Michael A. Barr, Pres. at (914) 949-9188
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -8 PM 1:06

1. eTherapy.com, INC.
(Name of corporation, must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE (State or country under the law of which it is incorporated) 3. APPLIED FOR (FEI number, if applicable)

4. DECEMBER 10TH, 1999 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4014 CHASE AVE. - SUITE, 212
MIAMI BEACH, FL. 33140
(Current mailing address)

8. To provide services through the internet
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

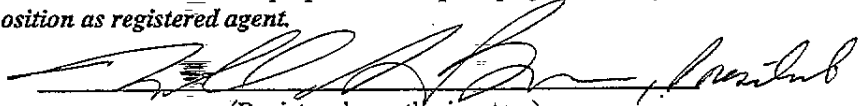
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: UNITED CORPORATE SERVICES, INC.

Office Address: 9200 South Dadeland Blvd. Suite 508
Miami, Florida, Florida, 33156
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)
Michael A. Barr President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: MARC S. WACHTER (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH Florida 33140

Vice Chairman: STEVE BOTTARI (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH FL 33140

Director: _____

Address: _____

Director: _____

Address: _____

FILED STATE
SECRETARY OF CORPORATIONS
00 FEB - 8 PM 1:06

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: GREGG ROSEN (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH, Florida 33140

Vice President: ROBERT SITNER (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH, Florida 33140


Secretary: SPENCER SAFFRAN (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH Florida 33140

Treasurer: LANCE BURSTYN (eTherapy.com, INC)

Address: 4014 CHASE AVE. - SUITE 212
MIAMI BEACH, Florida 33140

* NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.....

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Spencer Saffran, Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -8 PM 1:06

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ETHERAPY.COM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETHERAPY.COM INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0236907

DATE:

02-03-00