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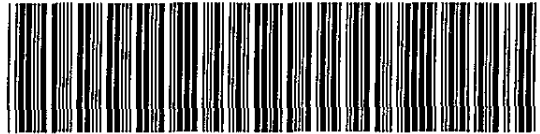
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 13 AM 11:43

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 25, 2003

DIANE CHERELLA
10707 STRINGFELLOW RD
BOKEELIA, FL 33922

SUBJECT: MANSFIELD WELLNESS CENTER, LTD.
Ref. Number: W03000027466

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MANSFIELD WELLNESS CENTER, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 003A00052798

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mansfield Wellness Center, Ltd.
(Name of corporation - must include suffix)

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:

Diane Cherella
(Name of Person)
Pine Island Paint + Decorating Center
(Firm/Company)
10707 Steingfellow Rd.
(Address)
Bokeelia, FL 33922
(City/State and Zip code)

REGISTRATION SECTION
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Diane Cherella at (239) 283-2783
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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

1. Mansfield Wellness Center, Inc. de 10/7/03
(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. MASSACHUSETTS, U.S.A. 3. 04-3530877
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/29/2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 9/2/03
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 37-B Grove St., NORFOLK MA 02056
(Principal office address)
10707 Stringfellow Rd, Boca Raton, FL 33422
(Current mailing address)
8. related MARKETING OF PRODUCTS + SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Diane Charella
 Office Address: 10707 Stringfellow Rd
BOCA RATON Florida 33922
(City) (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.

Revised 10/7/03
Diane Charella
(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

President
Chairman: Ronald J. Cherella
Address: 37-B Grove St
Norfolk MA 02056

Treasurer
Vice Chairman: Diane Cherella
Address: 10707 Stringfellow Rd.
Bokkeelia, FL 33922

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Diane Cherella, Treasurer, registered agent
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

September 8, 2003

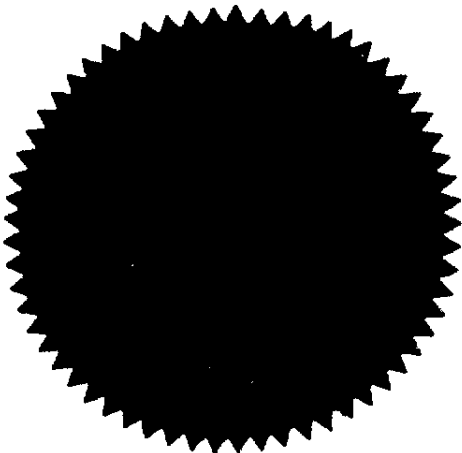
TO WHOM IT MAY CONCERN:

I hereby certify that

MANSFIELD WELLNESS CENTER, LTD.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **July 28, 2000**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

