

NO4000000 968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

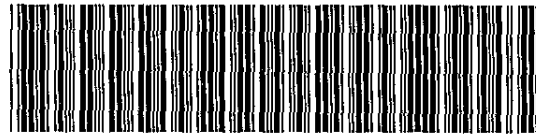
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORP. REGISTRATION
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TS/30/04

TRANSMITTAL LETTER

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

SUBJECT: Psychic Scientific Investigators 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

~~Thomas~~ Penny Dove
Name (Printed or typed)

7117 SW ARCHER Rd. #147
Address

Gainesville, FL 32608
City, State & Zip

352-335-5697
Daytime Telephone number

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

Non Profit Articles of Incorporation

Article 1: The name of the corporation.

Psychic Scientific Investigators Inc.

Article 2: The principal place of business and mailing address of the corporation.

7117 SW Archer Rd. #147
Gainesville, Fl. 32608

Article 3: The specific purpose or purposes for which the corporation is organized. A **general statement of "any and all lawful business" will not be sufficient.**

This business was organized with the intent of educational, scientific research. It is our hope to design and develop a standardized method of testing for psychics, which will enable the eventual licensing of such agents.

Article 4: The manner in which Directors are elected or appointed.

The directors are appointed by a majority vote based off their education, experience, and their dedication to the field of research and their expertise in the research area.

Article 5: The names address and titles of the Directors/Officers (optional) When naming Directors, 3 must be listed. The names of officers/directors may be required to apply for a license, open a bank account, etc.

Dr. Penny A. Dove, CEO, Scientist
7117 SW Archer Rd. #147
Gainesville, Fl. 32608

Dr. Thomas M. Dove, CFO
7117 SW Archer Rd. #147
Gainesville, Fl. 32608

Beth Wells, Certified Behaviorist
289 Squankun Rd.
Farmingdale, NJ 07727

Elisabeth Jones, Education Specialist
2066 S. Alaska Ave.
Provo, UT 84606

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Article 6: The name and **Florida Street Address** of the initial Registered Agent. The registered Agent **must** sign in the space provided and type or print his/her name below signature accepting the designation as Registered Agent.

Dr. Thomas M. Dove
7117 SW Archer Rd. #147
Gainesville, FL. 32608

Article 7: The name and address of the Incorporator. The incorporator **must** sign in the space provided and type his/her address.

Dr. Penny Dove
7117 SW Archer Rd. #147
Gainesville, Fl. 32608

.....
Having been named as registered agent to accept service of process for the above stated corporation of the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Thomas M. Dove, 1-19-04
Signature/Registered Agent **THOMAS M. DOVE** Date

Penny Dove 1-19-04
Signature/Incorporator Date

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