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Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone

200001989192--6
-10/29/96--01128--001
*****70.00 *****70.00

CORPORATION(S) NAME

Manhattan Healing Hands, Inc

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

At 10/25

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( ) NonProfit
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CR2E031 (1-89)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Manhattan Healing Hands, 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. New York
(State or country under the law of which it is incorporated)

3. 13-3796517
(FEI number, if applicable)

4. 12/2/94
(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 817.156, F.S.))

7. 849 Lexington Avenue, New York, New York 10021
(Current mailing address)

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8. To provide licensed massage therapy for hotels and corporatoins and to sell relaxation products and tools.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.*

C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

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:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Lori Malberg

Address: 849 Lexington Avenue

New York, New York 10021

Director: Amy Levy

Address: 849 Lexington Avenue

New York, New York 10021

B. OFFICERS

President: Jodi Levy

Address: 849 Lexington Avenue

New York, New York 10021

Vice President: _____

Address: _____

_____

Secretary: Shayne Soentpiet

Address: 849 Lexington Avenue

New York, New York 10021

Treasurer: _____

Address: _____

_____

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. Jodi Levy, President _____
(Typed or printed name and capacity of person signing application)

# State of New York
# Department of State

ss:

I hereby certify, that the certificate of incorporation of MANHATTAN HEALING HANDS, INC. was filed on 12/02/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

***

*Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of October one thousand nine hundred and ninety-six.*

STATE OF NEW YORK ★ DEPARTMENT OF STATE

*Special Deputy Secretary of State*

*199610210026 40*

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