

TRANSMITTAL LETTER

P 990000 11743

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

7000002736417-6  
-01/11/99-01080-005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: \_\_\_\_\_

(Proposed corporate name - must include suffix)

EFFECTIVE DATE  
1-4-99

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 of  
Status

ADDITIONAL COPY REQUIRED

FILED  
99 JAN 11 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: \_\_\_\_\_

5414 Lk Howell Rd  
#255  
Winter Park, FL  
32792

407-783-6705  
City, State & Zip

Daytime Telephone number

F. CHESSEY FEB 5 1999

Filed 2 days 1-9-99 2326  
2551-

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 29, 1999

EDWARD J HOFFMAN  
5471 LAKE HOWELL ROAD #255  
WINTER PARK, FL 32792

SUBJECT: NO-SLIP TREATMENT INC.  
Ref. Number: W99000002331

FILED  
99 JAN 11 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NO-SLIP TREATMENT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of 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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 799A00004060

*See changes made @ # II "Duration."*

ARTICLES OF INCORPORATION

OF

EFFECTIVE DATE  
1-4-99

NO-Slip Treatment Inc.

FILED  
99 JAN 11 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, being of sound mind and legal age, do hereby agree for myself and my assigns to become a corporation for profit under the laws of the State of Florida, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by such laws on corporations organized pursuant to the provisions thereof, and do hereby make, subscribe, acknowledge and agree to and file these Articles of Incorporation as follows:

ARTICLE 1. NAME

The name of this corporation is NO-Slip Treatment ~~INC.~~ *sp.*

ARTICLE 2. DURATION

This corporation shall have perpetual existence, commencing ~~on the date of execution and acknowledgment of these Articles.~~

*within 5 days of date Rec'd.*

ARTICLE 3. PURPOSE

The general nature of the business to be conducted by this corporation is to include any and all lawful business for which corporations may be formed under the Florida General Corporations Act.

ARTICLE 4. STOCK

The total number of shares of capital stock which this corporation shall be authorized to issue is seven thousand five hundred (7,500) shares. Such shares shall have a par value of One (\$1.00) Dollar.

#### ARTICLE 5. INITIAL OFFICE

The street address of the initial office of this corporation is:

5471 Lake Howell Rd. #255  
Winter Park, Florida, 32792

#### ARTICLE 6. INITIAL REGISTERED AGENT AND OFFICE

The street address of the initial registered agent of this corporation is 5471 Lake Howell Rd. #255, Winter Park, Florida, 32792 and the name of the initial registered agent at that address is Edward J. Hoffman.

#### ARTICLE 7. INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) director initially. The number of directors may either be increased or diminished by the By-Laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

Steven W. Plant  
69 Shallmar Blvd.  
Toronto, Ontario, Canada  
M6C 2K2

#### ARTICLE 8. INCORPORATION

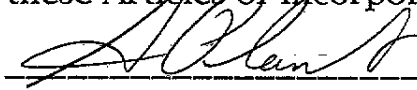
The name and address of the person signing these Articles of Incorporation is:

Steven W. Plant  
69 Shallmar Blvd.  
Toronto, Ontario, Canada  
M6C 2K2

ARTICLE 9. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 14th day of December, 1998.

  
\_\_\_\_\_

PROVINCE OF ONTARIO  
CITY OF NORTH YORK

BEFORE ME, a Notary Public authorized to take acknowledgements in the Province and City set forth above, personally appeared Steven Plant known to me to be the person who executed the foregoing Articles of Incorporation, and he has acknowledged before me that he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal this 14th day of December, 1998

  
\_\_\_\_\_ (seal)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.*

1. The name of the corporation is: No Slip Treatment Inc

2. The name and address of the registered agent and office is:

<u>EDWARD HOFFMANN</u>	<b>FILED</b> 99 JAN 11 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name)	
<u>5471 Lk. Howell Rd #255</u>	
(P.O. Box <u>NOT</u> acceptable)	
<u>Winter Park, FL 32792</u>	
(City/State/Zip)	

*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

*Edw Hoffmann*

DATE

1-22-99