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To:

Division of Corpotations

Pax Number

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From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257

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## FLORIDA NON-PROFIT CORPORATION

The Center of Healing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Capital Connection, Inc.

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CAPITAL CONNECTION

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Articles of Incorporation

in Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

The name of the corporation shall be The Center of Healing, Inc.

ARTICLE II

The principle place of business shall be 13113 SE Hobe Hills Drive, Hobe Sound, FL 33455.

ARTICLE III

The purpose of The Center of Healing is to offer spiritual practices which promote health and well being by empowering clients to develop and use their own inner resources for healing in conjunction with other healing modalities and treatments.

ARTICLE IV

The directors/officers are appointed at an annual meeting by the certificate holders.

ARTICLE V

The directors/officers are:

President/Secretary-- Wendy A. Williams, 13113 SE Hobe Hills Drive, Hobe Sound, FL, 33455 SS# 063-38-9560

Elaine Boyer, 961 N A1A, Jupiter, FL, 33477 SS# 002-28-6953

Karen Modell, 300 Waterway Drive S, #104, Lantana, FL, 33462 SS# OS 4 - 35 - 32 25

ARTICLE VI

The name and address of the registered agent is: Elaine Boyer, 961 N A1A, Jupiter, FL, 33477

ARTICLE VII

The name and address of the Incorporator Is: Wendy A. Williams, 13113 SE Hobe Hills Drive, Hobe Sound, FL, 33455

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

Signature/Registered Agent

2-19-03 Date

~ 03

Wendy A. William

Date

Signature/Incorporator