

*19900002016*

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LOCAL REPRESENTATIVE TALLAHASSEE

600002825396--5  
-03231/99--01064--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. *PSYCHOPHYSIC RESEARCH UNIVERSITY,*  
(Corporation Name) (Document #)

2. *INC.*  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time *2:00*

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

**FILED**  
99 MAR 31 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Date MARCH 27, 1999

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

Re PSYCHOPHYSIC RESEARCH UNIVERSITY, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

PSYCHOPHYSIC RESEARCH UNIVERSITY, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
15476 N.W. 77 COURT, STE 504		
MIAMI LAKES, FL 33016		
PHONE		
( 305 )	828-2557	
Area Code	Phone Number	Ext.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

FOR

PSYCHOPHYSIC RESEARCH UNIVERSITY, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be:

PSYCHOPHYSIC RESEARCH UNIVERSITY, INC.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

15476 N.W. 77 COURT, STE 504  
MIAMI LAKES, FLORIDA 33016

ARTICLE III - PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

The purposes of this non-profit corporation are:

1. This is a philosophic, scientific, religious, and educational non-profit organization dedicated to investigation and education for the well-being of the people.
2. This organization will impart classes on subjects related to physical and mental health, and human development and behavior of the people.

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#### ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

The Board of Directors will be elected or appointed by the Minutes and By-Laws.

The officers shall be elected at the annual meeting of the Board of Directors or as provided in the By-Laws.

#### ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the Minutes or by the By-Laws, but shall be no less than THREE (3).

The names and addresses of the initial director(s) of the corporation until the first meeting of the Board of Directors are as follows:

NAME	GUILLERMO ALVAREZ	PRESIDENT
ADDRESS	431 N.W. 56 AVE	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME	ESTELA AVILA	VICE PRESIDENT
ADDRESS	1800 W. 63RD STREET	
CITY	HIALEAH	STATE FLORIDA ZIP 33012
NAME	VERENA PRICE	SECRETARY
ADDRESS	15909 KINGSMOOR WAY	
CITY	MIAMI LAKES	STATE FLORIDA ZIP 33014
NAME	MARIA J. GONZALEZ	TREASURER
ADDRESS	845 W. 75 STREET # 310	
CITY	HIALEAH	STATE FLORIDA ZIP 33014

#### ARTICLE VI - LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

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#### ARTICLE VII - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

VERENA PRICE  
15909 KINGSMOOR WAY  
MIAMI LAKES, FL 33014

ARTICLE VII - INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

GUILLERMO ALVAREZ      431 N.W. 56 AVE      MIAMI, FL 33126

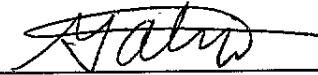
ESTELA AVILA      1800 W. 63 RD STREET      HIALEAH, FL 33012

VERENA PRICE      15909 KINGSMOOR WAY      MIAMI LAKES, FL 33014

MARIA J. GONZALEZ      845 W. 75 STREET # 310      HIALEAH, FL 33014

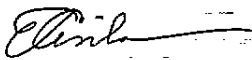
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of MARCH, 19 99.

Signature(s) of the incorporator(s)



GUILLERMO ALVAREZ

Typed name of incorporator signing



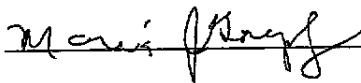
ESTELA AVILA

Typed name of incorporator signing



VERENA PRICE

Typed name of incorporator signing



MARIA J. GONZALEZ

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION

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 statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

PSYCHOPHYSIC RESEARCH UNIVERSITY, INC.

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

VERENA PRICE

(NAME)

15476 N.W. 77 COURT, STE 504

(P.O. BOX NOT ACCEPTABLE)

MIAMI LAKES, FLORIDA 33016

(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

*Price*

DATE

03-27-99

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CLERK OF STATE  
TALLAHASSEE FLORIDA