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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -3 AM 9:28

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FLORIDA PROFIT CORPORATION OR P.A.**BODY INTEGRATION THERAPIES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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ARTICLES OF INCORPORATION
BODY INTEGRATION THERAPIES, INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be BODY INTEGRATION THERAPIES INC. and its principle place of business shall be: 95 EDGEWATER DR APT 10 CORAL GABLES FL 33133 and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be IVAN BLOCK 95 EDGEWATER DR APT 10 CORAL GABLES FL 33133

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or objet to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States of Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

ARTICLE V
AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

ARTICLE VI
DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII
DIRECTORS

The affairs of the corporation will be managed by 2 directors. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

<u>NAME</u>	<u>ADDRESS</u>
IVAN BLOCK	95 EDGEWATER DR APT 10 CORAL GABLES, FL 33133

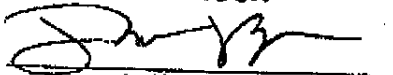
ARTICLE VIII
OFFICERS

The names and addresses of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

<u>NAME</u>		<u>ADDRESS</u>
IVAN BLOCK	PRESIDENT	95 EDGEWATER DR APT 10 CORAL GABLES, FL 33133

We, the undersigned, being the original subscriber to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this 3 day of MARCH 2000.

IVAN BLOCK



CERTIFICATE OF DESIGNATION
REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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 in **BODY INTEGRATION THERAPIES INC.**
1. The name and address of the registered agent and office **IVAN BLOCK 95**
EDGEWATER DR APT 10 CORAL GABLES, FL 33133

SIGNATURE



TITLE

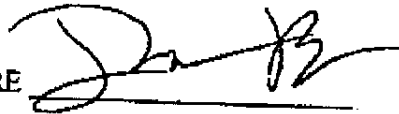
president

DATE

3/3/00

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

3/3/00

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