DOOOOOOOOSS TRANSMITTAL LETTER

OO AUG -7 AM 7:55
SECRE THERY OF STATE THE LAHASSEE, FLORION

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

100003347471---8 -08/07/00--01095--007 *****78.75 *****78.75

SUBJECT: Bodywork Holing Center In C.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PV REOURED

FROM: Anlene Carr
Name (Printed or typed)

6243 Bent Pine Dr. # 8/38

Address

Orlando, FC32822

City, State & Zip

(407) 859-0029

Daytime Telephone number

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DO no.
ARTICLE I NAME The name of the corporation shall be:	OD AUG -7 AM TALLAHASSEE. FLO Center, Inc.
Bodyworks Training and Healing	Center, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	· · · · ·
978 Douglas Ave # 102 Altomonte Springs, FC 32714	·
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
bro tif	
ARTICLE IV SHARES The number of shares of stock is: 1,000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Artere Carr 6243 Bent Pine Dr. #	+ 913B
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Arlene Carr 6243 Bentfine Dr. #813B	. .
Orlando, FC 32822 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Anlene Carr 6243 Bent Pine Dr. #813 B	
6243 Bentpine Dr., Orlando, FL 32822 **********************************	
**************************************	corporation at the place designated in this
Arline L. Carr	8/3/2000
Signature/Registered Agent	Date /
Signature/Incorporator	<u>8/3/2000</u> Date