## TRANSMITTAL LETTER

## P0100023115

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

| SUBJECT: THEGO IV                                               | 600<br>1C.                           | 0003791326-<br>03/01/01-01071-02<br>******78.75                 |
|-----------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| (PROPOSED CORPORAT                                              | TE NAME – <u>MUST INCLUDE S</u> I    | UFFIX)                                                          |
|                                                                 |                                      |                                                                 |
| Enclosed is an original and one(1) copy of the article          | es of incorporation and a check      | c for:                                                          |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status   | Filing Fee Fil & Certified Copy Ce & | \$87.50<br>ling Fee,<br>ertified Copy<br>Certificate of<br>atus |
|                                                                 | ADDITIONAL COPY R                    | •                                                               |
| FROM: The Printed or typed)                                     |                                      |                                                                 |
| 200 Butl                                                        | er Street, a                         | Scite 103                                                       |
| West Ralman                                                     | Blach, Flo                           | 2.33407                                                         |
| (501) 301-<br>Daytime Te                                        | 9808                                 |                                                                 |
|                                                                 |                                      | FILED  MAR -I AN III  SECRETARY OF STATALLAHASSEE, FLORE        |
| 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)                                                                                                                                                                                      |
| ARTICLE I NAME                                                                                                                                                                                                                                        |
| The name of the corporation shall be:                                                                                                                                                                                                                 |
| Integro, Inc.                                                                                                                                                                                                                                         |
| ARTICLE II PRINCIPAL OFFICE                                                                                                                                                                                                                           |
| The principal place of business/mailing address is:                                                                                                                                                                                                   |
| The principal place of business/mailing address is:  200 Butler Stellt 5 Uite 103  11 10 St 10 W Black, Fla. 33407  APTICLE III PURPOSE                                                                                                               |
| MRST 1610 Deach. +19. 3340+                                                                                                                                                                                                                           |
| ARTICLE III FURFOSE                                                                                                                                                                                                                                   |
| Dowiell Tours House at Clinica hypnosis                                                                                                                                                                                                               |
| The purpose for which the corporation is organized is:  Provide Psychotherapis Clinical hypnosis,  family mediation dervices                                                                                                                          |
| ARTICLE IV SHARES                                                                                                                                                                                                                                     |
| The number of shares of stock is:                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                       |
| ARTICLE V INITIAL OFFICERS DIRECTORS (optional)                                                                                                                                                                                                       |
| The name(s) and address(es):                                                                                                                                                                                                                          |
| EF OF A D                                                                                                                                                                                                                                             |
| T.37 & D                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                       |
| ARTICLE VI REGISTERED AGENT                                                                                                                                                                                                                           |
| The name and Florida street address of the registered agent is:                                                                                                                                                                                       |
| Donat                                                                                                                                                                                                                                                 |
| Strong XVIII 103                                                                                                                                                                                                                                      |
| 200 Butler Still Black, Fla. 3340-                                                                                                                                                                                                                    |
| INCIDED VII INCOMPOR                                                                                                                                                                                                                                  |
| The <u>name and address</u> of the <u>Incorporator</u> is:                                                                                                                                                                                            |
| 200 Butter Stollt SUITE 105                                                                                                                                                                                                                           |
| 110 Beach Fla. 33407                                                                                                                                                                                                                                  |
| ******************************                                                                                                                                                                                                                        |
| Having been named as registered agent to accept service of process for the above 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, |
| (10 / 1) rota) 0/18/01                                                                                                                                                                                                                                |
| Signature/Registered Agent Date                                                                                                                                                                                                                       |
| 5/10/1/2 Sounds                                                                                                                                                                                                                                       |
| JULY- VOTO OCHINOT                                                                                                                                                                                                                                    |
| Signature/Incorporator Date U                                                                                                                                                                                                                         |