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FILED

Barbara's Personal Services, Inc.  
PARALEGAL & SECRETARIAL  
SUITE 2A  
152 8th AVENUE S.W.  
LARGO, FLORIDA 33770-3613

01 APR 23 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTARY PUBLIC

TELEPHONE 727 559-8505  
FACSIMILE 585-9184

April 18, 2001

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

00000404410--1  
-04/23/01--01124--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

TRANSMITTAL LETTER

**SUBJECT: CELL WAVE, INC.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:  
Seventy-eight & 75/100 dollars (\$78.75) for Filing Fee and Certificate of Status.

Thank you.

**FROM:** Barbara S. Hicks  
152 8th Avenue, SW, Suite 2A  
Largo, Florida 33770-3613  
(727) 559-8505

Sincerely,



Barbara S. Hicks

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**01 APR 23 AM 10:06**

**ARTICLES OF INCORPORATION**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**CELL WAVE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**251 E. Michigan Street**

**Orlando, FL 32806**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **One Thousand (1,000) shares.**

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**CHRIS GASH  
251 E. Michigan Street  
Orlando, FL 32806  
813/ 598-3193**

**ARTICLE V**

**INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporations are:

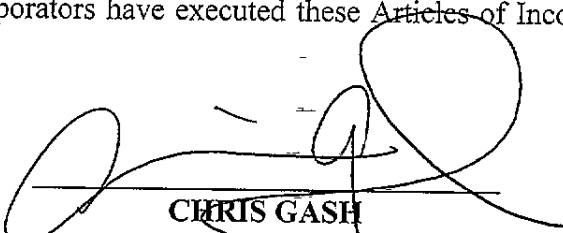
**CHRIS GASH**  
Director

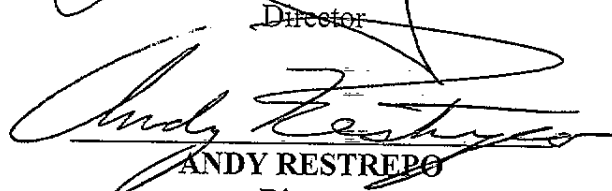
**ANDY RESTREPO**  
Director

**251 E. Michigan Street**

**Orlando, Florida 32806**

The undersigned incorporators have executed these Articles of Incorporation this 18 day of April, 2001.

  
**CHRIS GASH**  
Director

  
**ANDY RESTREPO**  
Director

**CERTIFICATE OF DESIGNATION OF  
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 is: CELL WAVE, INC.
2. The name and address of the registered agent and office is:

CHRIS GASH  
251 E. Michigan Street  
Orlando, FL 32806  
727/ 598-3193

*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.*

  
CHRIS GASH

This 18<sup>th</sup> day of April 2001.

**FILED**  
01 APR 23 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA