## POUDOG 883 Department of State

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

SUBJECT: B	RIEF ONLYE THERF		UDE SUFFIX)	
~			1 000044 -07/16/0 *****8	<b>77481</b> - 1010840 '.50 *****
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :	<b>—</b>
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	of
		ADDITIONAL CO	PY REQUIRED	
FROM	Roy C Conne	inted or typed)		
	1840 S. TREASURE	address # 12	<u></u>	
	Mirami, FL 331	니 \ State & Zip	<del></del>	<b>:</b>
	305.864-39 Daytime To	728 elephone number	TELANASSEE, F	FILED 01 JUL 16 PM 2 SECRETARY OF ST
			'LÖRİD'	>

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
•ARTICLE I NAME  The name of the corporation shall be:
· BRIEF ONLINE THERAPY, INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:    1840 S. TREASURE   DRIVE, # 12    MANN, FLORIDA 33141   SERVE   PURPOSE  The purpose for which the corporation is organized is:   REPUBLIC NEWTAL HEALTH COMPSELING ON WE INTERVET BUT   WITCH THE PURPOSE   PURPOSE
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Roy C Conner, PRESIDENT (8405. TREASURE DRIVE, # 12 Miami, Floring 33141
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Rpy C Conner - 1840 S. TRELSINE DRIVE, # 12  MIRMI, FLORIDA, 33141
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Roy C Conver 1840 S. TREASURE DRIVE, #12  MIAMI, FLORIDA 33141
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Signature/Registered Agent Roy C CONNER Date
Signature/Incorporator Roy C CONNER Date