Po1000081534

Peter Makris 2110 Drew Street Clearwater, FI 33765

8/13/01

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 000004536400--7 -08/15/01--01054--011 *****70.00 ******70.00

Gentlemen:

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:

> Peter Makris 2110 Drew Street Clearwater, FI 33765

If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.

Very Truly Yours,

Peter Makris

OI AUG 15 AM 8: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

<u>OF</u>

OTAUG 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HYPNOSIS RESEARCH CENTER, INC.

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

ARTICLE I. NAME

The name of the corporation shall be:

HYPNOSIS RESEARCH CENTER, INC.

The principal place of business of this corporation shall be:

1550 MCMULLEN BOOTH ROAD, F/3 #230 CLEARWATER, FL 33759

The mailing address of this corporation shall be:

1550 MCMULLEN BOOTH ROAD, F/3 #230. CLEARWATER, FL 33759

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

FRANK PENNESTRI

1550 MCMULLEN BOOTH ROAD

F/3 # 230

PRESIDENT

CLEARWATER, FL 33759

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to the Articles of Incorporation is:

FRANK PENNESTRI

1550 MCMULLEN BOOTH ROAD

F/3 #230

PRESIDENT

CLEARWATER, FL 33759

| IN WITNESS Articles of In | WHEREOF, corporation | the under signed this <u>/ろ</u> day | ed incorporator <u>has</u> executed these ay of <u>AMGUSI</u> , 2001. |
|-------------------------------|-------------------------|--|--|
| | | | Signature of Incorporator |
| | | | Incorporator Jamms |
| STATE OF FI | | | |
| THE FOREGO | DING instrum | ment was acknov | wledge and sworn to before me |
| this <u>/3</u> of HYPNOSIS | day of RESEARCH | <u>AUGUST</u> CENTER, INC | , 2001, by FRANK PENNESTR |
| | | | Notary Public |
| Fi | DRIVERS LI | CENSE # | |
| | | -46-333-0 | Dari a Lincoly |
| | | | Dori A. Lindsley Commission # 00 821541 Expires Apr. 15, 2003 Bonded Thru Atlantic Bonding Co., Inc. |

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607.325, 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: |
|----|---|
| | HYPNOSIS RESEARCH CENTER, INC. |
| 2. | The name and address of the registered agent and office is: |
| | Name: FRANK PENNESTRI |
| | Address: 1550 MCMULLEN BOOTH ROAD, F/3 #230 |
| | City: CLEARWATER State: FL Zip Code: 33759 |
| | SIGNATURE: Numbel Tammy |
| | TITLE: PRESIDENT |
| | DATE: 8/13/0/ |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

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|----------|---------------|
| SIGNATUR | I My H. Kenmy |
| | Chil |
| DATE: | 8//3/0/ |
| | |