TRANSMITTAL LETTER



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

SUBJECT: _

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1000	CONCEPT,	TAK		
$I \subseteq A \setminus F P$	CONCEPI			

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	AMPEW Name (Tay Lok Printed or typed)			
-) WEST Ca	la BRIA CIR		
-	PORT St. LICUE, FL 34953 City, State & Zip				
-	(561) 33	6 - 57/ 4			

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:

LASER CONCEPT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2943 SW West Calabria Circle Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Soft Laser Therapy

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Andrew Taylor 2943 SW West Calabria Circle Port St. Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Andrew Taylor 2943 SW West Calabria Circle Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

Andrew Taylor 2943 SW West Calabria Circle Port St. Lucie, FL 34953

Having been named as registered agent to accept service of process for the above state	d corporation at the place designated in
this certificate, I am familigr with and accept the appointment as registered agent and	
adul Ta	12/12/01

Signature/Registered Agent

Signature/Incorporator

/2/12/2)
Date

OI DEC 17 PM 1:24
TALLAMASSEE, FLORIDA