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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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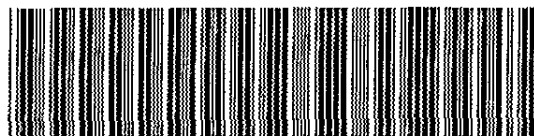
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** American Institute for Dynamic Hypnotherapy, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$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

**ADDITIONAL COPY REQUIRED**

**FROM:** Dr. Jon Connelly, Ph.D.  
Name (Printed or typed)

652 D High Point Blvd.  
Address

Delray Beach, FL 33445  
City, State & Zip

(561)-741-4181  
Daytime Telephone number

**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:

The American Institute for Dynamic Hypnotherapy, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

652 D High Point Blvd.  
Delray Beach, FL 33445

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sponsor and promote weight loss and stop smoking seminars utilizing hypnotherapy .It  
will also develop, and promote other uses for hypnosis.

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock.

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dr. John Connelly, Director  
652D High Point Blvd.  
Delray Beach, FI 33445

### ARTICLE VI REGISTERED AGENT

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

Denise E. Huard, Esq.  
618 NW 109th Terrace  
Coral Springs, FI 33071

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denise E. Huard, Esq.  
618 NW 109th Terrace  
Coral Springs, FL 33071

\*\*\*\*\*  
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



Signature/Registered Agent

11/22/02

Date



Signature/Incorporator

11/22/02

Date

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