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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 221-2388

2004 JUL 23 A 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

HOLISTIC HEALING & HIPNOTHERAPY CENTER, CORP.

Certificate of Status	0
Certified Copy	0
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7-27-04

HD4000152800

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be HOLISTIC HEALING & HIPNOTHERAPY CENTER, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

9633 S.W. 159 AVE.
MIAMI, FL. 33196

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 of One Dollar (\$1.00) par value common stock, which shall be designated [COMMON SHARES.]

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MONICA REMOND
9633 S.W. 159 AVE.
MIAMI, FL. 33196

Prepared by: MONICA REMOND
9633 S.W. 159 AVE.
MIAMI, FL. 33196
305 3838198

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.
3850 S.W. 87 AVE. SUITE 307
MIAMI, FL. 33165
(305) 221-2340

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SECRETARY OF STATE

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: HOLISTIC HEALING & HIPNOTHERAPY CENTER, CORP.

2. The name and address of the registered agent and office is:

MONICA REMOND
9633 S.W. 159 AVE.
MIAMI, FL. 33196

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TALLAHASSEE, FLORIDA

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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.


(SIGNATURE)

(DATE) 07-22-04

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**ARTICLE V
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MONICA REMOND
9633 S.W. 159 AVE.
MIAMI, FL. 33196

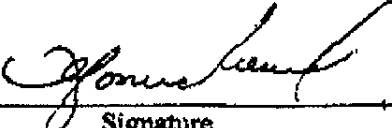
DIRECTOR & PRESIDENT

ISRAEL R. CABEZAS
9633 S.W. 159 AVE.
MIAMI, FL. 33196


DIRECTOR VICEPRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of JULY, 2004.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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