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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

neuro sleep care center corp

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NEURO SLEEP CARE CENTER CORP

ARTICLE II PRINCIPAL OFFICE

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

2653 SW 27 AVE MIAMI FL 33133

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ORESTEBAN CARABEO 2653 SW 27 AVE MIAMI FL 33133

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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):

ORESTEBAN CARABEO 2653 SW 27 AVE MIAMI FL 33133

ARTICLE VI OFFICERS

PRESIDENT ALINA ANGLADE 50% VICEPRESIDENT ORESTEBAN CARABEO 50 %

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

13 day of January, 2004

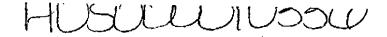
[An additional article must be added if an effective date is requested.]

Notarization is not required

(Vicepresident

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

MO.9 JATOT



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

NEURO SLEEP CARE CENTER CORP

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

ORESTEBAN CARABEO		05 JAN	
NAME	355	Z	71
2653 SW 27 AVE	- 22 A	ယ	
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(F.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	= 플.	وَ	
MIAMI FL 33133		24	
(CITY/STATE/ZIP)			

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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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