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(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	7
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SECRETARY OF STATE TALL AHASS TO FINABLE

TRANSMITTAL LETTER

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

SUBJECT: STRES	SS MANAGEMENT CENTER INC.	TE NAME – MUST INCL	UDE SUFFIX)
	C		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
2 \$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
	កកកកក្សាសាសាសាស្ត្រាស់ នេះ	ADDITIONAL CO	-
FROM: W	ASHINGTON CASTALDI	72 1	
	Name	(Printed or typed)	
	10250 NE 2nd AVE		
		Address	
	MIAMI FL. 33138	State & Zip	<u> </u>
	City,	Said & Elp	
	305 310 8439	elephone number	
	Daytime 1	etephone 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)

FILED SECKETARY OF STATE TALLAHASSEC, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

05 MAY -2 PH 4: 08

STRESS MANAGEMENT CENTER INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 111 SW 5 AVE MIAMI FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HYPNOTHERAPY

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WASHINGTON CASTALDI PRESIDENT 10250 NE 2nd AVE MIAMI FL, 33138

<u> ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WASHINGTON CASTALDI 10250 NE 2nd AVE MIAMI FL. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WASHINGTON CASTALDI 10250 NE 2 nd AVE MIAMI FL 33138