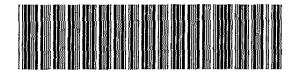
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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SEURLIARY OF STATE

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TRANSMITTAL LETTER

June 1, 2005

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

SUBJECT: SLEEP Rx, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for \$ 78.75 (Filing Fee and Certified Copy).

Please return Certificate and Certified Copy to:

JEFFREY R. MINER, ESQ. CROUCH & MINER, P.A. 5.72303 1001 NORTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 954-454-8011 / Fax: 954-454-8012

ARTICLES OF INCORPORATION OF SLEEP Rx, Inc.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE 1

NAME

The name of the corporation shall be:

SLEEP Rx, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall best 1259 S.W. MOONLITE COVE

PORT ST. LUCIE, FLORIDA 34986

ARTICLE III

SHARES

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

ONE HUNDRED (100) SHARES OF NO-PAR VALUE COMMON STOCK

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

HOLLY A. CELTRICK 1259 S.W. MOONLITE COVE PORT ST. LUCIE, FLORIDA 34986

ARTICLE V

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

HOLLY A. CELTRICK

1259 S.W MOONLITE COVE

PORT ST. LUCIE, FLORIDA 34986

HOLLY A/CELTRICK, Incorporator

Date

Having been named as registered agent and to accept service of process for the above named 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.

HOLLY A. SELTRICK, Registered Agent

Date