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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. - *Suite 303*  
1001 NORTH FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009  
954-454-8011 / Fax : 954-454-8012

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DIVISION OF CORPORATIONS  
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**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 I  
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 be:  
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. CELTRICK, Registered Agent

  
\_\_\_\_\_  
Date

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