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Division of Corporations

Fax Number : (850)205-0381

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

neuro-therapuetic massage, inc.

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ARTICLES OF INCORPORATION

OF

NEURO-THERAPUETIC MASSAGE, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: NEURO-THERAPUETIC MASSAGE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 2769 S. OAKLAND FOREST DR., OAKLAND PARK, FL 33309

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares of common stock, having an individual par value of \$5.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: NORMAN A. LOBBAN, 4448 INVERRARY BLVD., LAUDERHILL, FL 33319

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESISECITREAS
TAMIKA T. JOHNSON

2769 S. OAKLAND FOREST DR #101 OAKLAND PARK, FL 33309

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 13th day of JULY, 2005.

INCORPORATOR
Ray Stormont Signing for
Empire Corporate Kit of America, Inc.



CERTIFICATE OF DESIGNATION 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.

First that NEURO - THERAPHETTC MASSAGE THE
(Name of Corporation)
desiring to organize under the laws of the State of
(Florida)
with its principal office, as indicated in the articles of incorporation has
named Norman A. Lobban
(Name of Registered Agent)
located at 4448 Inversary Boulevard
City of Lauderhill County of Florida State of Florida, as its
agent to accept service of process within this state.

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

Registered Agent