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Division of Corporations

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Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592~9591

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FLORIDA PROFIT/NON PROFIT CORPORATION Vivid Dream Psychotherapy, P.A.

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION OF

Vivid Dream Psychotherapy, P.A.

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

ARTICLE I NAME

The name of the corporation shall be:

Vivid Dream Psychotherapy, P.A.

The principal place of business of this corporation shall be:

10305 NW 41st St. Ste 205 Doral, Fl 33178

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

Therapy

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

Julie I. Moore - President 10305 NW 41st St. Ste 205 Doral, Fl 33178

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these articles of incorporation is:

Julie I. Moore -10305 NW 41st St. Ste 205 Doral, Fl 33178

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this day of March 21, 2011.

Signature of Incorporator

we W. W/sone LMFT

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

1. The name of the corporation:

Vivid Dream Psychotherapy, P.A.

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

Julie 1. Moore 10305 NW 41st St. Ste 205 Doral, Fl 33178

Signature title l. MOON, LMFT

Title President

Date 03/21/201

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and obligations of Section 607.325, Florida Statutes.

Signature while I. Wood, LMFT

Date 03/21/2011