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TRANSMITTAL LETTER

FILED
95 JUN 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: HYPNOSIS CENTERS OF FLORIDA, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

SHARON THORN
Name (printed or typed)

VICTORIAN SQUARE, RT 513
Address

CALIFON, N.J. 07830
City, State & Zip

(908) 832-6056
Daytime Telephone number

700001526147
-06/28/95--01083--001
****131.25 ****131.25

APR 6 20

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HYPNOSIS CENTERS OF FLORIDA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*12781 WORLD PLAZA LANE
SUITE TWO
FT MYERS, FL 33907*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*SHARON THORN
12781 WORLD PLAZA LANE
SUITE TWO
FT MYERS, FL 33907*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHARON THORN
12781 WORLD PLAZA LANE
SUITE TWO
FT MYERS, FL 33907

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of JUNE, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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.

1. The name of the corporation is:

HYPODELS CENTERS OF PAPER, INC.

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

SHARON THORN
(NAME)

12781 WORLD PLAZA LANE, SUITE TWO
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FT MYERS FLORIDA 33907
(CITY/STATE/ZIP)

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)

6/26/95
(DATE)