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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 96 JUH 25 REIDE AM FALLAND DE LE ORDA

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SUBJECT:	SLEEP SERVICES	,INC.			
(Proposed corporate name - must include suffix)					
Enclosed is an origin	nal and one (1) co	py of the articles o	of incorporation	and a check	
for : \$70.00 Filing Fac	XX \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required		
FROM	DENNIS L.	SPAULDING			
	Namo (printed or typed)			
17357 ORIOLE RD.					
Address					
FT. MYERS, FL 33912					
	City	, State & Zip			

NOTE: Please provide the original and one copy of the article

Daytime Telephone number

(941) 267-5767



ARTICLES OF INCORPORATION

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: SLEEP SERVICES,INC.



ARTICLE II PRINCIPAL OFFICE

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

17357 ORIOLE RD. FT. MYERS, FL 33912

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES OF COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: DENNIS L. SPAULDING 17357 ORIOLE RD. FT. MYERS, FL. 33912

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):

DENNIS L. SPAULDING 17357 ORIOLE RD. FT. MYERS, FL. 33912

The un	dersigned i	ncorporator(s) has	(have) executed these Articles of I	ncorporation this
19	_ day of	JUNE	, 19 <u>96</u>	
		2	Signature 8	
			Signature 0	
	_		Signature	
		<u> </u>	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:	SLEEP SERVICES, INC.	
		15 8
2. The name and address of the regis	stered agent and office is:	FILE JUN 25
DENNIS L. SP	PAULDING	
<u> </u>	(Name)	
17357 ORIOLI	E RD.	TOKON
	ox or Mail Drop Box NOT ACCEPTABLE)	
FT. MYERS, F	FL. 33912 (CITY/STATE/ZIP)	
corporation at the place designated in agent and agree to act in this capacit	agent and to accept service of proce in this certificate, I hereby accept the a ty. I further agree to comply with the erformance of my duties, and I am fan ed agent.	ppointment as registered provisions of all statutes
D- & Spank (SIGNA NIRI	(DATE)	1190

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NAME: DENNIS L. SPAULDING ADDRESS: 6087 LAKEFRONT DR. FT. MYERS.FL 33908

PHONE: (941) 267-5767

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ARTICLES OF DISSOLUTION

Pursuant to 607,1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: SLEEP SERVICES, TINC.
SECOND:	material of membership were fried on: 1/145/40
THIRD;	(CHECK ONE)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signed	this 13 day of MARCH , 19 97
Signature	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
	i) ENNIS L SPAULDING (Typed or printed name)
	PRESIDENT/Du. (Tille)