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

SUBJECT: Bodywerks by T.S., Inc.

(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_70.00

900001990749--3 -10/30/96--01082--001 *****70.00 *****70.00

FROM:

Palmetto, FL 34221

City, State, & Zip (941) 723-9921

Telephone Number

IOCISTIM BSB

Note: Please provide the original and one copy of the Articles.

NOV 1 19961

FILED

96 OCT 30 AH 9: 22

TALLAHASSEE PLORIDA

ARTICLES OF INCORPORATION

QE

Bodywerks by T.S., INc.

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:

Bodywerks by T.S., Inc.

ARTICLE II PRINCIPAL OFFICE

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

927 10th St. E. Palmetto, FL 34221

ARTICLE III SHARES

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

Thirty (30)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Thomas J. Santoro 5815 18th St. E. Ellenton, FL 34222

ARTICLE V INCORPORATOR(S)

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

Dr. Thomas J. Santoro 5815 18th St. E. Ellenton, FL 34222

Signature

Articles of Incorporation Filing Fee - \$35

(Type or print name and capacity of person signing application)

THE WALL WALL STREET, STREET,

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Bodywerks by T.S., Inc.	
2.	The name and address of the registered agent and office is:	7 8 00T T
	Dr. Thomas J. Santoro	
•	(NAME)	100 P
	5815 18th St. E.	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	
	Ellenton, FL 34222	•
	(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

DATE Oct. 2, 1996