

P980000030648

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

**SUBJECT:** PROFESSIONAL ASSOCIATION OF CLINICAL HYPNOTHERAPISTS INC  
(Proposed corporate name - must include suffix)

600002475106--1  
-04/01/98--01053--008  
\*\*\*\*122.50 \*\*\*\*122.50

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:** FRANCISCO A. DIAZ  
Name (Printed or typed)  
1825 PONCE DE LEON BLVD., #335  
Address  
CORAL GABLES, FL 33134  
City, State & Zip  
(305) 541-0677  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 APR - 1 AM 8:13

FILED

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

## 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:

PROFESSIONAL ASSOCIATION OF CLINICAL HYPNOTHERAPISTS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

11865 S.W. 26th STREET  
SUITE B-6  
MIAMI, FL 33175

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TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

100 SHARES COMMON STOCK NPV

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANCISCO A. DIAZ  
1825 PONCE DE LEON BLVD., #335  
CORAL GABLES, FL 33134

**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):

ENRIQUE de MIRANDA (PRESIDENT)  
3175 WEST 72nd TERR  
HIALEAH, FL 33016

ROSY REGALO (VICE-PRESIDENT)  
9320 WEST FLAGLER STREET #204  
MIAMI, FL 33174

LILY PEREZ (TREASURE)  
13932 S.W. 8th TERR  
MIAMI, FL 33184

FRANCISCO A. DIAZ (SECRETARY)  
1825 PONCE DE LEON BLVD., #335  
CORAL GABLES, FL 33134

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

30th day of MARCH, 19 98

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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 PROFESSIONAL ASSOCIATION OF CLINICAL  
HYPNOTHERAPISTS, INC.

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

FRANCISCO A. DIAZ

(NAME)

1825 PONCE DE LEON BLVD., #335

(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

CORAL GABLES, FL 33134

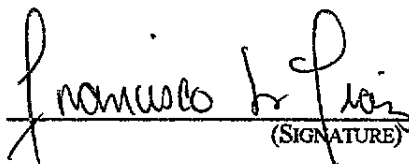
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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*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)

03-30-98

(DATE)