### TRANSMITTAL LETTER

# P98000055216

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

400002564424--2 -06/18/98--01068--008 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: P	sychoneuroimmunolog (Proposed corpo	y Dynamics Insta rate name - must include suf	itute, Inc. fix)	_
Enclosed is an original a	and one(1) copy of the article	s of incorporation and a c	EFFECTIVI Check for:	EDATE
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Rhonda A. Ces Name (P	ario rinted or typed)		 
		e Blvd, Venice,	F1 34292	- 6
· · · · · · · · · · · · · · · · · · ·		Address		
Venice, F1 34292				
	City,	State & Zip	TA W	2 0
<u>-</u>	1 941 484 Daytime T	-0458 Telephone number	LLAHASSEE, FLORIDA	FILED 98 JUN 18 PM 4: 21

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Psychoneuroimmunology Dynamics Institute, Inc.

PRINCIPAL OFFICE

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

2505 Hermitage Blvd. Venice, Fl 34292

SHARES ARTICLE III

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

owned by Rhonda Cesario 100

# INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rhonda A. Cesario 2505 Hermitage Blvd.

The name and address of the incorporator to these Articles of Incorporation are:

Rhonda A. Cesario 2505 Hermitage Blvd. Venice, Fl 34292

Effective date June 17,

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

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/Registered Agent