

# PG8000071205

## Cloud Consulting, Inc.

1982 Capital Circle N.E., Suite D, Tallahassee, Florida 32308  
Telephone (850) 383-1622 Facsimile (850) 383-0590

August 14, 1998

**Hand Delivered**

Secretary of State  
Bureau of Corporate Records  
409 E. Gaines Street  
Tallahassee, Florida 32314



Chairman's League Member

Re: Articles of Incorporation  
For Cranial Facial Pain Therapeutics, Inc.

000002616580--3  
-08/14/98--01065--018  
\*\*\*\*131.25 \*\*\*\*131.25

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Incorporation prepared for the above named company. Beginning date for this corporation is August 14, 1998. Also please find check number 2180, in the amount of \$131.25. This should cover the filing fee, a certified copy of the Articles of Incorporation fee and also the Certificate of Good Standing fee.

As soon as the certified copy and the certificate are ready please have someone call our office and someone will pick them up.

Thank you for your attention in this matter.

Sincerely,

Lesley Cowart  
Cloud Consulting  
/ldc  
Enclosure

FILED  
AUG 14 PM 1:18  
RECEIVED  
98 AUG 14 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION  
OF  
CRANIAL FACIAL PAIN THERAPEUTICS, INC.**

**FILED**

**98 AUG 14 PM 1:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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:

**CRANIAL FACIAL PAIN THERAPEUTICS, INC.**

The address of the principal office of this corporation shall be 3517 Derby Lane, Westin, Florida 33331, and the mailing address of the corporation shall be the same.

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the State of Florida.

**ARTICLE III CAPITOL STOCK**

The maximum number of shares of stock that the corporation is authorized to issue or have outstanding at any one time is 1,000 shares of common stock or a par value of \$1.00 per share.

**ARTICLE IV REGISTERED AGENT**

The name and street address of the initial registered agent of the corporation shall be:

Robert Wade Cloud  
c/o Cloud Consulting, Inc.  
1982 Capital Circle N.E., Suite D  
Tallahassee, Florida 32308

**ARTICLE V TERM OF EXISTENCE**

The corporation's term of existence is perpetual.

## **ARTICLE VI OFFICERS**

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation, or until a successor is elected or appointed is:

Leonard Weiss, President  
10019 Cleary Blvd.  
Plantation, Florida 33324

## **ARTICLE VII BOARD OF DIRECTORS**

The corporation shall have an initial Board of Directors consisting of one (1) person. The number of Directors may be increased or decreased from time by a resolution of the majority of the stockholders but shall never be less than one. The name and address of the initial Director of this corporation is:


Leonard Weiss  
10019 Cleary Blvd.  
Plantation, Florida 33324

## **ARTICLE VIII INCORPORATORS**

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

Robert Wade Cloud  
c/o Cloud Consulting, Inc.  
1982 Capital Circle N.E., Suite D  
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned incorporator has set their hand and seal this 14<sup>th</sup> day of August, 1998.

  
Robert Wade Cloud, Incorporator  
For Cloud Consulting, Inc.

STATE OF FLORIDA     )  
COUNTY OF LEON     )

BEFORE ME, the undersigned authority, personally appeared ROBERT WADE CLOUD, who is to me well known to be person described in and who executed the foregoing Articles of Incorporation as the Incorporator, and that he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Tallahassee in the said County and State, this 14<sup>th</sup> day of August, 1998.



Patricia S. True  
MY COMMISSION # CC585348 EXPIRES  
December 27, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.


  
NOTARY PUBLIC

My Commission Expires:

FILED  
98 AUG 14 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF REGISTERED AGENT  
DESIGNATED IN ARTICLES OF INCORPORATION  
OF CLOUD CONSULTING, INC.**

I, Robert Wade Cloud, having been designated as the Registered Agent in the above and foregoing Articles of Incorporation, am familiar with and accept the obligations of the position of Registered Agent under Section 607.0505 of the Florida Statutes.

  
Robert Wade Cloud c/o  
Cloud Consulting, Inc.,  
Registered Agent

STATE OF FLORIDA       )  
COUNTY OF LEON )

BEFORE ME, the undersigned authority, personally appeared, ROBERT WADE CLOUD, who is well known to me to be the person described in and who executed the foregoing Acceptance of Registered Agent Designated in Articles of Incorporation of Cranial Facial Pain Therapeutics, Inc., and he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Tallahassee in the said County and State this 14 day of August, 1998.



Patricia S. True  
MY COMMISSION # CC585348 EXPIRES  
December 27, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

Notary Public

My Commission Expires