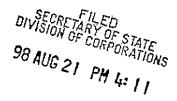
ANSMITTAL LETTER

DIVISION OF CORPORATIONS

98 AUG 21 PM 4: 11

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

ht Institute of NLP, luc. 400002621914--08/21/98--01046--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$122.50 1\$131.25 Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Cardified Copy & Certificate Additional Copy Required FROM: 8/3 - 960 - 8999 Daytime Telephone number



### 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:

MAStery Insight Institute of NLP, two

#### ARTICLE II PRINCIPAL OFFICE

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

11143 / NdIAN DAKS DR TAMPA FL 33625

#### ARTICLE III SHARES

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

1000 Shakes at \$100 PAR Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

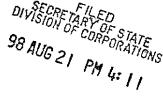
LAURA Alt FILL 11143 Indian OAKS DR TAMPA, FL 33625

#### ARTICLE V INCORPORATORIS

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

LAURA Altfeld 11143 Indian OAKs De TAMPA, FL 33625

Articles of Incorporation Filing Fee - \$35



# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: MASterzy Insight Inst. totas & NLP, INC.
2.	The name and address of the registered agent and office is:  LANCE AIFFELD
	(Name)
	11143 Indian Oaks DR (P.O. Box or Mail Drop Box NOT acceptable)
	TAND, FL 33625 (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.

Mula Attalia 8/11/98 (Signature) (Date)