

98000073941

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG 21 PM 4:11

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

SUBJECT: Mastery Insight Institute of NLP, Inc.  
(Proposed corporate name - must include suffix)

400002621914--3  
-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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Laura Altfeld  
Name (printed or typed)

11143 Indian Oaks Drive  
Address

Tampa, FL 33625  
City, State & Zip

813-960-8999  
Daytime Telephone number

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

D. BROWN AUG 24 1998

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## 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, INC

### ARTICLE II PRINCIPAL OFFICE

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

11143 Indian Oaks 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 Shares at \$1<sup>00</sup> Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAURA AITKIN  
11143 Indian Oaks DR  
Tampa, FL 33625

ARTICLE V INCORPORATOR(S)

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

Laura Altfeld  
11143 Indian Oaks Dr  
Tampa, FL 33625

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

17<sup>th</sup> day of August, 1998.

Laura Altfeld  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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## 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: Mastery Insight Institute of NLP, Inc.

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

Laura Altfeld  
(Name)

11143 Indian Oaks Dr  
(P.O. Box or Mail Drop Box NOT acceptable)

TAMU, 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.*

Laura Altfeld  
(Signature)

8/17/98 @  
(Date)