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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 17 PM 2:13

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

600002876926--7
-05/17/99-01076--002
*****70.00 *****70.00

SUBJECT: Massage Therapy Institute, Inc. (Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount of \$ 70.00 for the filing fee.

FROM: Gary Bruce
2200 North Ponce Deleon Boulevard, Suite #4
St. Augustine, Florida 32084
Daytime Phone: (904) 829-1997 Fax: (904) 929-1947

D. BROWN MAY 19 1999

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: Massage Therapy Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2200 North Ponce DeLeon Boulevard
Suite #4
St. Augustine, Florida 32084

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary Bruce
2200 North Ponce DeLeon Boulevard
Suite # 4
St. Augustine, Florida 32084

ARTICLE V INCORPORATOR

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

Gary Bruce
2200 North Ponce DeLeon Boulevard
Suite # 4
St. Augustine, Florida 32084

ARTICLE VI PURPOSE

The purpose for which the corporation is organized is to conduct business as a post secondary school




Signature/Incorporator

MAY 13, 1999

Date

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 post as registered agent.



Signature/Registered Agent

MAY 13, 1999

Date

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