

TRANSMITTAL LETTER

P99000054887

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

SUBJECT: Hypnocontrol Corp  
(Proposed corporate name - must include suffix)

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

Please return the photocopy to me with the filing date stamped on it.

800002905958-3  
-06/16/99-01008-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM:

Roger Bergman  
Name (printed or typed)

125 North Shore Dr #4  
Address

Miami Beach, FL 33141  
City, State & Zip

305-866-7528  
Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUN 16 PM 4:06

FILED

T. SMITH JUN 16 1999

ARTICLES OF INCORPORATION

FIRST

The name of the corporation is: Hypnocontrol Corp

SECOND

The mailing address and place of business of the corporation is: Hypnocontrol Corp, 309-71 Street Miami Beach, Fl. 33141

THIRD

The aggregate number of authorized shares is: 1000 shares, each with a par value of \$0.01

FOURTH

The registered agent of the corporation is Roger Bergman and the registered street address is: 125 North Shore Drive # 4, Miami Beach Fl. 33141

FIFTH

The number of directors constituting the initial board of directors of the corporation is 1, and the names and address of the persons who is to serve as director is:

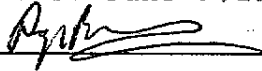
Name	Address
<u>Roger Bergman</u>	<u>125 North Shore Drive # 4</u> <u>Miami Beach, Fl 33141</u>

SIXTH

The name and address of the incorporator is:

Name	Address
<u>Roger Bergman</u>	<u>125 North Shore Drive # 4</u> <u>Miami Beach, Fl 33141</u>

Date: June 9, 1999



incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and am familiar with and accept the obligation of my position as registered agent,

Dated 6/9/99

  
registered agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUN 16 PM 4:06

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