TRANSMITTAL LETTER

# P9900082112

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

CHDIECT.	EXPERIENTIAL ODY	SSEYS, INC.			
SUBJECT:	(Proposed corporate name - must include suffix)			<u> </u>	•
Englosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for		
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Virginia Savage, Ph.D.				
	Name (Printed or typed)  708 Halton Ave. SW		SELATA FALLAHAS	99 SEP 13	-TJ
	Address Palm Bay, Florida 32908		SEE, FLOR	3 AM 7:47	FLED
	City, State & Zip (407) 952-7907			<u>[</u>	
	Daytime Telephone number			• •	

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

9/11/99 70

# SEP 13 AM 7:

### 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:

EXPERIENTIAL ODYSSEYS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

708 Halton Ave. SW Palm Bay, Florida 32908

## ARTICLE III SHARES

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

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Virginia Savage 708 Halton Ave. SW

Palm Bay, Florida 32908

ARTICLE V INCORPORATOR

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

Virginia Savage 708 Halton Ave. SW Palm Bay, Florida 32908

Sgnature/Incorporator

September 10, 1990

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

September 10, 1999 Date