

N00000007598  
Transmittal Letter

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

700003461727--7  
-11/13/00--01123--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**Subject:** Family Restoration Programs of Pasco County, Incorporated

Enclosed is an original and one copy of the articles of incorporation and a check for \$87.50 for the Filing Fee, Certified Copy and Certificate.

**From:** Heather Psofimis  
9251 Via Segovia  
New Port Richey, FL 364655  
(727) 376-7733

FILED  
00 NOV 13 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

11-15

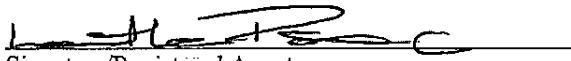


**Article VII: Incorporator**

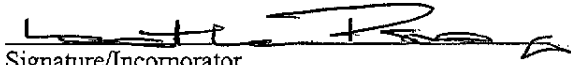
Heather Psofimis  
9251 Via Segovia  
New Port Richey, FL 34655

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Signature/Registered Agent

11-8-00  
Date

  
Signature/Incorporator

11-8-00  
Date