02000058027

Department of State

Division of Corpora P. O. Box 6327		·. 		
Tallahassee, FL 323	314	•	I ALC	FILE 2002 NAY 24 SECRETARY
SUBJECT:	Gables Counseling, Inc.			
Enclosed are an orig	(PROPOSED CORPORA)		•	FILED AY 24 PM 1: 16 ELYANGE FLORIDA
\$70.00 Filing Fee	\$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:	Dirk Lorenzen	4-	30000560 05/24/02	1 99783 ningenin
· .	Name (Printed or typed)			
	44 West Flagler Street, Suite 1000			
	Address			
	Miami, FL 33130		-	
	City, State & Zip			
	(305) 371-7972			
•	Daytime Te	lephone number	<u> </u>	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Gables Counseling, Inc.

ARTICLE_II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3692 S.W. 24 Street Miami, FL 33145

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

Counseling

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lynette T. Lorenzen, President, Secretary, Director 3692 S.W. 24 Street Miami, FL 33145

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Dirk Lornezen 44 West Flagler Street, Suite 1000 Miami, FL 33130

<u>ARTICLE VII</u> INCORPORATOR

The name and address of the Incorporator is:

Dirk Lorenzen 44 West Flagler Street, Suite 1000 Miami, FL 33130

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