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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

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06 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTICATION

FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CERTIFICATE OF DOMESTICATION

The undersigned, ROBBI ZEPER, PRES.
(Name) (Title)
of FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.
(Corporation Name) a foreign corporation.

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 6/6/96.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TRENTON N.J. / MERCER COUNTY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was TRENTON N.J. / MERCER COUNTY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am ROBBI ZEPER of FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 20th day of JANUARY, 2006.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

NH533 (6/04)

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

FAMILY AND INDIVIDUAL TREATMENT SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

*1247 AQUILA LOOP
CELEBRATION FL.
34747*

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Psychology

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

*ROBBI ZEPER
1247 AQUILA LOOP
CELEBRATION FL.
34747*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

*ROBBI ZEPER
1247 AQUILA LOOP
CELEBRATION FL.*

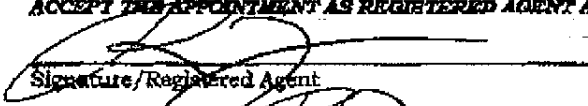
ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

*Robbi Zeper
1247 Aquila Loop
Celebration, FL. 34747*

34747

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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

1/20/06

Date



Signature/Incorporator

1/20/06

Date