

# P960000022149

## TRANSMITTAL LETTER

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

T000001721517  
-02/22/96--01001--019  
\*\*\*122.50 \*\*\*122.50

SUBJECT: PsychOptions, Inc.  
(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

Additional Copy Required

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 MAR 12 PM 12:09

FILED

FROM: Beryl Loughachi / Amy Kleinman  
Name (printed or typed)

1450 Madruga Avenue Ste. #208  
Address

Coral Gables, FL 33146  
City, State & Zip

(305) 659-6696  
Daytime Telephone number

W96-4177

AL MAR 12 1995

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 23, 1996

LOUGHACHI  
BERYL LOUGHACHI  
1450 MADRUGA AVE., SUITE #208  
CORAL GABLES, FL 33146

SUBJECT: PSYCHOPTIONS, INC.  
Ref. Number: W96000004177

We have received your document for PSYCHOPTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 096A00008075

## ARTICLES OF INCORPORATION

FILED

96 MAR 12 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Psych Options Affiliates, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1450 Madruga Avenue Ste. # 208  
Coral Gables, Fl. 33146

### ARTICLE III SHARES

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

ONE - HUNDRED, all of which shall be common shares with par value of one Dollar (\$1.00).

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:


Beryl Lougachi  
1450 Madruga Avenue Ste. # 208  
Coral Gables, Fl. 33146


**See instructions for officers/directors**

Beryl Longo  
1450 Madruga Avenue Ste. # 208  
Coral Gables, Fl. 33146

Amy Kleinman  
1450 Madruga Avenue Ste. #208  
Coral Gables, Fl. 33146

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8<sup>th</sup> day of February, 1996.

  
 Signature

  
 Signature

\_\_\_\_\_  
 Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PsychOptions Affiliates, Inc.

2. The name and address of the registered agent and office is:

Beryl Lougachi  
(NAME)

1450 Madruga Ave. Ste. # 208  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Coral Gables, FL. 33146  
(CITY/STATE/Zip)

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TALLAHASSEE, FLORIDA

*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]  
(SIGNATURE)

2/8/96  
(DATE)