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TRANSMITTAL LETTER

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97 SEP 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: LATIN-PSYCH OF THE PALM BEACHES, 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

FROM: Cesar R. Cabral, Ph.D.
Name (Printed or typed)

5079 Society Place West, Apt. E
Address

000002305660--9

-09/29/97--01055--004
*****78.75 *****78.75

West Palm Beach, Florida 33415
City, State & Zip

(561) 387-1115
Daytime Telephone number

P.Hall

SEP 29 1997

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

ARTICLES OF INCORPORATION

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LATIN-PSYCH OF THE PALM BEACHES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5079 Society Place WEst, Apt. E
West Palm BEach, F1 33415

ARTICLE III SHARES

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

Ten (10)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cesar R. Cabral, Ph.D.
5079 Society Place West, Apt.E
West Palm Beach, F1 33415

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

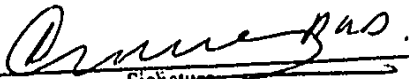
name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Cesar R. Cabral, Ph.D.
5079 Society Place West, Apt. E
West Palm Beach, FL 33415

he undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25 day of September, 19 97.

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


Signature

Signature

Signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN 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.

The name of the corporation is LATIN-PSYCH OF THE PALM BEACHES, INC.

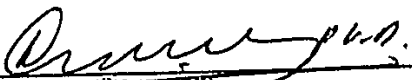
The name and address of the registered agent and office is:

Cesar R. Cabral, Ph.D.
(NAME)

5079 Society Place West, Apt. E
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

West Palm Beach, FL 33415
(CITY/STATE/ZIP)

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)

9/25/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314