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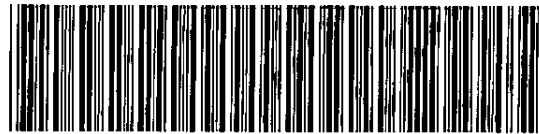
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cynthia Baites Denny
Counseling Services, PLLC

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- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ✓ ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ✓ ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval

Signature

Requested by:

WC 10/5 11:00

Name

Date

Time

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**ARTICLES OF ORGANIZATION
OF
CYNTHIA BAILES DENNY COUNSELING SERVICES, PLLC**

The undersigned natural person, who is licensed and otherwise legally authorized to practice mental health counseling in the State of Florida, for the purpose of forming a limited liability company in accordance with the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, hereby makes, acknowledges and files the following Articles of Organization.

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TALLAHASSEE, FLORIDA

ARTICLE I

Name. The name of the limited liability company shall be **CYNTHIA BAILES DENNY COUNSELING SERVICES, PLLC** (the "Company").

ARTICLE II

Purpose. The purposes for which the Company is formed are:

a. To engage in the specific business of the provision of mental health counseling services as a professional limited liability company, and to carry on services incident thereto. The provision of mental health counseling services is the sole and exclusive professional service to be rendered by the corporation;

b. To invest its funds in real estate, mortgages, stocks, bonds or any other type of investment;

c. To engage generally in the business the provision of mental health counseling as a professional limited liability company as the same is now or hereafter defined by statute, rule and regulation, and in connection therewith to own or rent real or personal property, to enter into contracts, and to transact any lawful business related thereto;

d. To engage in such other business incidental to the provision of mental health counseling as a professional limited liability company as may be authorized or permitted by Florida law;

e. The professional services of the Company shall be carried out only through its members, officers, employees, and agents, each of whom is duly licensed or otherwise legally qualified to render such professional services in the State of Florida.

ARTICLE III

Address. The mailing address and street address of the principal office of the Company shall be: 6424 Pine Castle Blvd., Orlando, FL 32809.

ARTICLE IV

Duration. The Company shall commence its existence upon the filing of these Articles. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE V

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 6424 Pine Castle Blvd., Orlando, Florida 32809, and the name of the initial registered agent of the Company at that address is **CYNTHIA BAILES DENNY**.

ARTICLE VI

Management. The Company shall be managed by the member(s) in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial member of the Company are:

NAME

ADDRESS

Cynthia Bailes Denny

6424 Pine Castle Blvd.
Orlando, Florida 32809

IN WITNESS WHEREOF, the undersigned does set her hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 3 day of October, 2005.


CYNTHIA BAILES DENNY

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 3 day of October, 2005, by CYNTHIA BAILES DENNY.



Betty S. Siebold
Commission # DD098442
Expires April 11, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

Betty S. Siebold
(Signature of Notary Public - State of Florida)

Betty S. Siebold
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated professional limited liability company 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.

Cynthia Bailes Denny
Cynthia Bailes Denny
Registered Agent