NOOGG005079

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

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SUBJECT:	ASSOCI	ATION	FOR PSYC	HOLOGICAL SERVI	CES, INC.			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
Enclosed is an ori	ginal and o	ne (1) cop	y of the articl	les of incorporation and	a check for:			
\$70.00		⊠k\$78.75 Filing Fee &		□\$78.75 Filing Fee	\$87.50 Filing Fee,			
Filing Fee	?	Certifica		& Certified Copy	Certified Copy			
		Status			& Certificate			
				ADDITIONAL CO	PV RECITIRED			
				ADDITIONAL CC	T REQUIRED U	8		
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FROM: _		TOT		'A, PH.D. nted or typed)		PM 12: 35		
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		2910		Green Dr.	<u>.</u>	<u> </u>		
			Ad	ldress		200		
		Miami, FL 33175						
			City, S	tate & Zip	_	•		
		305-	225-8595					
	-	Daytime Telephone number			_	-		

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

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ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

The name of the corporation shall be:

ASSOCIATION FOR PSYCHOLOGICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2910 Village Green Drive Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, ARTICLE IV MANNER OF ELECTION or corresponding section of any future The manner in which the directors are elected or appointed: federal tax code.

The directors shall be elected by a majority vote of the members of the corporation

ARTICLE V INITIAL DIRECTORS OFFICERS

The name and addresses:

Luis E. Orta, Ph.D. 2910 Village Green Dr. Miami, FL 33175

Manuel de la Portilla 8020 SW 153 Place

Miami, FL 33193

Linda E. Reiter 12368 NW 12 Ct.

Pembroke Pines, FL 33026

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Luis E. Orta, Ph.D. 2910 Village Green Dr. Miami, FL 33175

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Luis E. Orta, Ph.D. 2910 Village Green Dr. Miami, FL 33175 **************************

Having been named as registered agent to accept service of process for the above stated corporation at the place designated

th this certificate, I am familiar with and accept the appointment as regis	tered agent and agree to act in this capacity.
Duis 6. Out Mr. D.	7-24-00
Signature/Registered Agent	Date
Luis E. Orta, Ph.D.	
Signature/Registered Agent Luis/E. Orta, Ph.D. Duis G. Urt. Ph.D.	7-24-00
Signature/Incorporator	Date

Luis E. Orta, Ph.D.