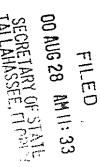
NOSSO 3878

TRANSMITTAL LETTER

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



SUBJECT: A Cade my Of Recovery Inc. NON-Profit
(Proposed corporate name - must include suffix)

400003374764--9 -08/28/00--01094--011 ******87 50 ******87 50

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 of

Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: AKHABIR Abdulia Hwali'
Name (Printed or typed)

825 E. University SVE. Apt. #10

Melborne 6/0 3290/
City, State & Zip

674-0937 (321) area cools

Daytime Telephone number

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



ARTICLES OF INCORPORATION,

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

The name of the corporation shall be:
Academy of Recovery Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
825 E. University Blud. Apart, #10 Melborone Flo- 3290,
APTICLE THE PROPERTY OF THE SUPPLY OF THE SU
The specific number (1) for th
The specific purpose(s) for which the corporation is organized is(are):
See Adjacked
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:
AS Stated In the By-laws
ARTICLE V INITIAL PECISTERED ACTION
The name and Florida street address of the initial registered agent are: ACHABIR Additof wal.
151 Holly weed Blut
west methorne pho 32904
ARTICLE VI INCORPORATOR
The name and address of the Incomprator to these Articles of Incomprator
ALC MABIN ADJUGATION !!
15 Hollywood Blad
Nest gelpowerge Flo 32904 Alake Abelilia 1 8/7/00
Signature/Incorporator Date
=
(An additional article must be added if an effective date is requested.)

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/Registered Agent Date

ACADEMY OF RECOVERY Inc. NON-Profit

MISSION STATEMENT OF THE ORGANIZATION

The Academy of Recovery, a non profit community based organization a charitable benvolent cause but not limited to helping addicts and HIV/AID persons.

The Academy of Recovery is committed to providing Residential Care, Treatment, Housing and services on a continuum, to indigent, homeless and thier families and supporters, in order to maximize their chances for a productive, healthy and fulfilling life in recovery.