TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 □ \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

ARTICLES OF INCORPORATION more with Chapter 617, F.S., (Not for Profit)	
NAME the corporation shall be: United America of Central Alorida Inc	01 FEB -
PRINCIPAL OFFICE place of business and mailing address of this corporation of Tampa Avenue Olambor 32805 II PURPOSE	4: 22 STATE ORIDA
for which the corporation is organized is: To provide services to juveniles,	inmates, children, abut
Devention.	· —
IV MANNER OF ELECTION in which the directors are elected or appointed: Elected by board of director	2 =
V INITIAL DIRECTORS OFFICERS and addresses: Loretta Tarlbert 611 N Tampa Arthur Davis 7709 Perugia A Walter Wight 311 N Dollins	Avenue Orl, Fl 32805 venue Orl, Fl 32805 Avenue Orl, Fl 32805
VI INITIAL REGISTERED AGENT AND STR and Florida street address of the registered agent is: Lo setta Tarlbert GIIN Tampa	Avenue Od, FI 32805
VII INCORPORATOR and address of the Incorporator is: oretta Tarlibert 611 N Tampa Avenue Or	rl, F1 32 805 I
Samed as registered agent to account saming of process for the	********
etimate, I am familiar with and accept the appointment as registered	bove stated corporation at the place designated d agent and agree to act in this capacity.
Loute Sarlbert	2-3-01
egistered Agent	Date
Losetta Sarlbert	2-2-01
A Orporator	Date