

N01000001455

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)922-4001

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FLORIDA NON-PROFIT CORPORATION

SPL SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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:

ARTICLE I NAME

The name of the corporation shall be:

SPL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

6490 GRIFFIN ROAD DAVIE FL. 33314

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

HEALTH CARE BEHAVIORAL SERVICES.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

THE MANNER OF ELECTION WILL BE STATED IN THE BYLAWS OF THE CORPORATION.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**MANUEL R. LLANO
6490 GRIFFIN ROAD
DAVIE, FL. 33314**

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

PHILIP SOLOMON (P/D)	MICHAEL PIERCEY (VP/TREAS./DIR)	MANUEL R. LLANO (SEC./DIR.)
6490 GRIFFIN ROAD	6490 GRIFFIN ROAD	6490 GRIFFIN ROAD
DAVIE, FL. 33314	DAVIE, FL. 33314	DAVIE, FL. 33314

 MANUEL R. LLANO
Signature/Incorporator

3/1/07
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.

 MANUEL R. LLANO
Signature/Registered Agent

3/1/07
Date

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