NO200007915

TRANSMITTAL LETTER

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

900008383929--1. -10/15/02--01077--001 *****78.75 ******78.75

| SUBJECT: TCCNA, | , Inc. | | | |
|---------------------------|--|---|--|--|
| | (PROPOSED CORPORAT | E NAME – <u>MUST INCLU</u> | DE SUFFIX) | <u> </u> |
| Enclosed is an original a | nd one(1) copy of the articl | es of incorporation and a | check for: | { |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | ☑\$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate | SECHETARY OF STATE AND |
| FROM: | Christine A. Dare | | <u> </u> | |
| | Name (Prin | nted or typed) | _ | |
| | 1682 SE Fallon Drive | 32 SE Falion Drive | | |
| | Address | | <u>.</u> | · · · · · · · · · · · · · · · · · · · |
| | Port St. Lucie, FL 34983 | | | |
| | City, State & Zip | | - | <u> </u> |
| | (772) 879-6579 | | | |

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TCCNA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

TCASC, care of TCCNA, Inc, P.O. Box 1672, Stuart, FL 34995 Street address: c/o Brian LaPorte, 2844 Melaleuca Blvd., Pt. St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

12 Step Recovery Program - corporation is set up to coordinate conventions yearly to celebrate recovery.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Officers were elected by nomination and vote, by Committee Members of TCCNAII

TALLANTISSEE, PLONIDI

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Brian LaPorte, 2844 SE Melaleuca Blvd., Pt. St. Lucie, FL 34952- President James Christiansen, 5722 SE Mitzi Lane, Stuart, FL 34997- Vice President John Seeland, 1505 NW 9th Avenue, Stuart, FL 34994-Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Brian LaPorte, 2844 Melaleuca Blvd., Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine A. Dare, 1682 SE Fallon Drive, Port St. Lucie, Fl. 34983

| ************************** | ********** |
|---|---|
| Having been named as registered agent to accept service of process for the abo | we stated corporation at the place designated |
| in this certificate, I am familiar with and accept the appointment as registered of | igent and agree to act in this capacity. |
| Bun / Ltook | 10-9-02 |
| Signature/Registered Agent Brian La Portc | Date |
| Christine a Dace | 10-9-02 |
| Signature/Incorporator CHRISTINE A. Doce | Date |