Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION

HAYNES & MCMILLIAN EDUCATIONAL THERAPY SERVICES

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ARTICLES OF INCORPORATION for

09 JAN 21 PM 12: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Haynes & McMillian Educational Therapy Services, INC. a corporation not for profit

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I - Name

The name of the corporation shall be: Haynes & McMillian Educational Therapy Services, INC. . a corporation not for profit.

ARTICLE II - Principal office and mailing address

The principal office and the mailing address of this corporation shall be:

1861 Wayside Dr Orlando, FL 32818

ARTICLE III - Purpose(s)

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

To provide quality educational care management to individuals in the community.

ARTICLE IV - Manner of election of directors

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

The Board of Directors shall be elected as set forth in the By-Laws.

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ARTICLE V - Initial registered agent and street address

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

Belinda McMillian 1861 Wayside Dr Orlando, FL 32818

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ARTICLE VI - Incorporators

The name and the street address of the incorporator for these articles of incorporation is

Belinda McMillian 1861 Wayside Dr Orlando, FL 32818

ARTICLE VII - Officers

The name and address of the officers of the corporation are:

- Belinda McMillian President
 1861 Wayslde Dr
 Orlando, FL 32818
- Joycelynn Haynes Vice President
 1861 Wayslde Dr
 Orlando, FL 32818
- Matthew Richardson Secretary
 1861 Wayside Dr
 Orlando, FL 32818
- 4) Shlinda McMillan Treasurer 1861 Wayside Dr Orlando, FL 32818
- 5) Michael Breene Chairman 1861 Wayside Dr Orlando, FL 32818

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ARTICLE VIII - Revenue

No part of the net earnings of the corporation shall inure to the benefit of or be allocable to its members, Directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. The corporation shall in any way, directly or indirectly, carry on propaganda or otherwise attempt to influence legislation, or participate or intervene in any political campaign on behalf of any candidate for public office, by publishing or distributing statements or otherwise.

ARTICLE IX-Dissolution

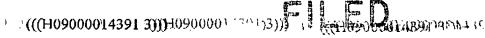
Upon the dissolution of the corporation, The Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes.

The undersigned incorporator has execu	uted these Articles of Incorporation this
21st day ofJanuary	_, 2009
Signature of incorporator(s)	
Belen McMell	Belinda McMillian
Signature	Type name of incorporator signing

(3)

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CERTIFICATE OF DESIGNATION

09 JAN 21 PM 12: 06 SECRETARY OF STATE TALEAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617-0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submit the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _	
Haynes & McMillian Educational Therapy Services, INC.	
2. The name and address of the registered agent and office is:	
Belinda McMillian	
(NAME)	
1861 Wayside Dr	
(P.O. BOX <u>NOT</u> ACCEPTABLE)	
Orlando, FL 32818	
(CITY/STATE/ZIP)	
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 DATE DATE DATE	•

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