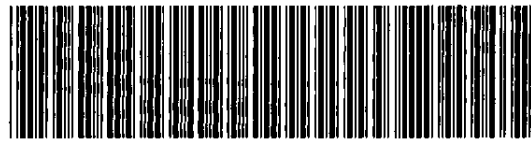


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(Requestor's Name)

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TALLAHASSEE, FLORIDA

PS
10/22/10

COVER LETTER

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

SUBJECT: South Florida Social Services, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Germanie M. Casanova
Name (Printed or typed)

1300 NE 204 Street
Address

Miami
City, State & Zip

33179
1300 NE 204 Street Tallahassee, FL 323179

Gmarlenec@aol.com
E-mail address: (to be used for future annual report notification)

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 South Florida Social Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1300 NE 204 Street Miami, Florida 33179

Mailing address, if different is:
1300 NE 204 Street Miami, Florida 33179

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

South Florida Social Services, Inc. is a home-based agency funded to provide an array of counseling and social services. The agency will be charged with the task of providing social services including but not limited to: in-home counseling to all, case management, escort and companionship for a broad range of needs in a safe and comfortable environment to residents of South Florida. It is the mission of SFSS to help individuals and families achieve their personal potential and long term growth by compassionately and respectfully helping our clients live in balance. At SFSS, we utilize an integrative, strength based treatment model to address each individual's set of unique issues. Our team of mental health professionals pull from cognitive-behavioral, interpersonal, systems-focused, narrative and insight oriented approaches to design effective treatment and assessment services. It is our firm belief that treatment must be flexible and tailored in order to achieve symptom relief and increased personal growth.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Professional members may be nominated or elected to serve on the SFSS, Inc. board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Edgar Miguel Payero
Address: 484 NW 165 Street-Road Apt 416
Miami, Florida 33169

Name and Title: Glennys Nguyen
Address: 8708 Brookhollow DR Mc.Kinney, Texas
75070

Name and Title: Daphnee Nozier
Address: 2850 NW 196 Terrace
Miami Gardens, FL 33056

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jennifer La Croix
Address: 484 NW 165 Street-Road Apt 416
Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Liliane Theruil
Address: 13800 NE 12 Avenue Apt 220
Miami, Florida 33161

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jennifer La Croix
Required Signature of Registered Agent

10/16/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Liliane Theruil
Required Signature of Incorporator

10/15/2010
Date

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OCT 21 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA