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DATE: 2/1/17

NAME: MAGNOLIA GROUP OF HYDE PARK INC.

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: MAGNOLIA GROUP OF HYDE PARK INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
500 W PLATT STREET

Mailing address, if different is:

TAMPA, FLORIDA 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GUIDANCE AND COUNSELING TO AND FOR RECOVERING
ALCOHOLICS THROUGH SELF HELP AND SPIRITUAL MEETINGS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STAN LIBERATORE, P Name and Title: _____

Address: 500 W PLATT STREET Address: _____

TAMPA, FLORIDA 33606 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: STAN LIBERATORE
Address: 500 W PLATT STREET
TAMPA, FLORIDA 33606

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TAMPA, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STAN LIBERATORE
Address: 500 W PLATT STREET
TAMPA, FLORIDA 33606

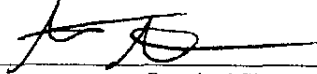
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 31, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

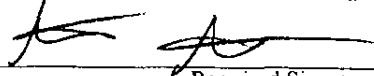


Required Signature of Registered Agent

JANUARY 31, 2017

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.



Required Signature of Incorporator

JANUARY 31, 2017

Date