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| Certified Copies | Certificates | of Status | |
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| Special Instructions to | Filing Officer: | | |
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SEURETARY OF STATE

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COVER LETTER

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

SUBJECT: FAMILY ENRICH MENT LIFESTYLE CHANGES, 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: RICHARD PAZIER
Name (Printed or typed)

2305 KILLEARN CENTER BLUD

TAUAN ASSEE, FL32309 City, State & Zip

216-644-6434
Daytime Telephone number

FRAZIER 1000 Egm Ail. (om 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 The name of the corporation shall be: FAMILY EPPICAMENT LIFESTYLE CH | NYJES JINI |
|--|----------------|
| ARTICLE II PRINCIPAL OFFICE | |
| Principal street address: Mailing address, if different is: Mailing address, if different is: Suite Blub Suite Suite Blub Suite Suite Blub Suite Mailing address, if different is: | |
| TAULAHASSEE , FL 32309 | |
| ARTICLE HI PURPOSE The purpose for which the corporation is organized is: CHARITABLE, EDUCATION. | |
| ADDRESS, PREVENT AND REMEDY SUBSTANCE ABUSE | |
| EFFECTS ON HUMAN BEINGS: FROUIDES INSIG | |
| RISK FACTORS FOR DISEASE AND COMMUNICA | TES |
| THESE FACTORS TOTHE INDIVIDUAL TRACKI | Ng THEIR |
| PROJESS TOWARDS PREVENTION | |
| | |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FORIN THE BYLAWS | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| Name and Title: PRES, RICHARD FRAZI Name and Title: | |
| Address 2305 KILLEARN Address: | |
| CENTER BLUD CGI | |
| TAZLANASSERFZ 32307 | F YEEL WAY |
| Name and Title: SEC, JENNETL Name and Title: | |
| STRICE (AND Medicine) | 5 Z |
| HU HANDUER AVE DALLAS, GA 30157 | |
| DALLAS, CA 30157 | 2: 0 |
| Name and Title: TPES Name and Title: | · - |
| Address | - |
| 2104 PLANTATION FOREST DR | - |
| TALLAHA 55EB/732317 | - |

| Name and Title: | Name and Title: | |
|--|---|--|
| Address | Address: | |
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| Name and Title: | Name and Title: | |
| Address | Address: | |
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| | | - AN ANA |
| | | -2 -2 |
| ARTICLE VI REGISTERE | | |
| - | uddress (P.O. Box NOT acceptable) of the registered agent | HAY -2 PM 2: 0 MAY -2 PM 2: 0 AHASSEE FLOOR |
| Name: XCN1 | RD FRAZIER | K C 61 |
| Address: 2305 | 5 KILLEARN CENTER BLU | В |
| TAZ | LAHASSEE, FL32309 | |
| | | |
| The name and address of the | | |
| | CHARD FRAZIER | |
| Name: | - VIII ORD I CONTER BLUM | 4 |
| Address: $\frac{230}{}$ | 5 KILLEARN CENTER BLUN | |
| TA | LLAHASSED FL32309 | |
| ARTICLE VIII EFFECTIV | VE DATE: te date of filing: (OP | PICANIA I) |
| Effective date, if other than the (If an effective date is listed, | the date must be specific and cannot be more than fiv | re days prior or 90 days after the filing.) |
| , | · | |
| Note: If the date inserted in t document's effective date on | his block does not meet the applicable statutory filing req the Department of State's records. | uirements, this date will not be listed as the |
| Having been named as regis | tered agent to accept service of process for the above st | ated corporation at the place designated in this |
| certificate of im fartifia) with | and accept the appointment as registered agent and agre | e to act in mis capacity |
| | 1 traxer | 5-2-18 |
| | equired Signature of Registered Agent | Date |
| I submit this document and a to the Department of State Fo | ffirm that the facts stated herein are true. I am aware than stitutes a third degree felony as provided for in s.817.15: | t any false information submitted in a documents, F.S. |
| Nich | Required Signature of Incorporator | 5-2-18 |
| | Required Signature of Incorporator | Date |