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January 12, 1995

Department Of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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Please accept the attached Articles of incorporation for Secure Treatment & Evaluation Program Services, Inc. Enclosed are certified funds payable to the Secretary of State in the amount of 131.25, to cover the filing, designation as registered agent, certified copy and certificate under seal fees.

Sincerely,



David M. Richardson  
Incorporator

2462 N. W. 55<sup>th</sup> Hwy  
Suite 21202  
Fort Lauderdale, FL 33313

## ARTICLES OF INCORPORATION

### FOR

Secure Treatment & Evaluation Program Services, Inc.

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:

Secure Treatment & Evaluation Program Services, Inc.

### ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

2462 NW 55th Way  
Suite 21202  
Fort Lauderdale, Florida 33313

### ARTICLE III PURPOSE

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

The specific purpose of this corporation is to provide quality mental health care. This care is comprehensive in nature. This mental health care is of any kind or description to individuals or in groups who are incarcerated in jails or prisons, as well as the interim period between when the individual is released from custody and the time of his or her first appointment for mental health services in the community. The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

The method of election of directors is to be stated in the corporation's bylaws.

FILED  
95 FEB 16 PM 3:56  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA

## ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are provided in section 617.0302, Florida Statutes, unless limited as follows:

No limits.

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

David M. Richardson  
2462 NW 55th Way  
Suite 21202  
Fort Lauderdale, Florida 33313

## ARTICLE VII INCORPORATORS

The name and street address of the incorporator for these Articles of Incorporation is:

David M. Richardson  
2462 NW 55th Way  
Suite 21202  
Fort Lauderdale, Florida 33313

The undersigned incorporator has executed these Articles of Incorporation this 12th day of January, 1995.

Signature of the Incorporator



David M. Richardson

Typed Name of Incorporator Signing

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Secore Treatment & Evaluation  
Program Services, Inc.
2. The name and address of the registered agent and office is:  
David M. Richardson  
(NAME)  
2462 NW 55th Way Suite 21202  
(P.O. BOX NOT ACCEPTABLE)  
Pt. Lauderdale, Florida 33313  
(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

David M. Richardson

DATE

11/2/95