

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

N 950000 00923

Service: Top Priority _____ Regular _____
One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

File
Second

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
DATE _____
TIME _____ CK No. _____
BY *He* _____

WALK-IN
Will Pick Up *2:24* *11:00*

RE: Recovery Haven, Inc.

	FEE.	DISBURSED
Capital Express		
Art. of Inc. Filing		
Corp. Records Search		
J. Partnership File		
Foreign Corp. File		
Art. Corp. (s)		
Art. of Amend. File		
Dissolution/Withdrawal		
<input checked="" type="checkbox"/> C U S - <i>G.S.</i>		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX ()	pgs. 444	

FILED
FEB 21 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FL 32301

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

AFFIDAVIT

COMES NOW, Joan M. Powers, Director of Recovery Haven, Inc and being duly sworn, deposes and states:

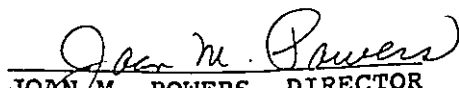
That pursuant to 607.0120 the incorporators, directors and Board have no intention of revoking the dissolution of Recovery Haven, Inc. a for profit corporation.

That the intention of this instrument is to permit the immediate assumption or use of the name RECOVERY HAVEN, INC by another corporation; RECOVERY HAVEN, INC. non-profit corporation.

That the change of business is from profit to a non-profit corporation.

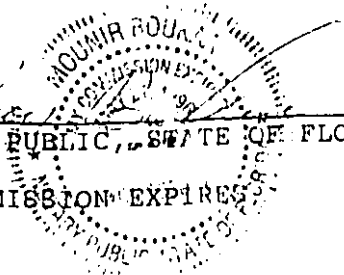
That the change of business from profit to non-profit is due to clerical error, mistake or inadvertence, the corporation was filed as for profit; while it was the stated instructions of the incorporators that it should be filed as a non-profit corporation. The articles were incorrectly drafted by the agent used.

IN WITNESS THEREOF, the undersigned has executed this Affidavit this 21st day of February, 1995. Joan M. Powers, is personally known to me.


JOAN M. POWERS, DIRECTOR
RECOVERY HAVEN, INC.

STATE OF FLORIDA)
) S.S
COUNTY OF DADE)

THE FOREGOING instrument was acknowledged and sworn to before
me this 21st day of February, 1995, by JOAN M. POWERS of Recovery
Haven, Inc. 15251 Northeast 18th Avenue, North Miami Beach, Florida
33161.

A circular notary seal for the State of Florida is stamped over the signature line. The seal contains the text "NOTARY PUBLIC STATE OF FLORIDA" and "MY COMMISSION EXPIRES".

NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES

ARTICLES OF INCORPORATION
OF
RECOVERY HAVEN, INC.

FILED
95 FEB 24 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned corporation, for the purpose of forming a non-profit Corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: RECOVERY HAVEN, INC.

ARTICLE II

The principal place of business of this corporation shall be 15231 N.E. 18th Avenue, North Miami Beach, Florida 33162.

ARTICLE III

The Recovery Haven, Inc. non-profit corporation has been formed to provide drug/alcohol treatment and all related mental health services, and to provide residential care and vocational rehabilitation for the homeless, indigent and low income, primarily minority population of South Florida.

The purpose for which the Recovery Haven, Inc. is organized are exclusively charitable within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Laws.

Notwithstanding any other provisions of these articles, this organization Recovery Haven, Inc; shall not carry on any activities not permitted to be carried on by an organization exempt from

Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE IV

The method of appointment of the directors is stated in the by laws.

The name and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

MARTIN E. POWERS
Executive Director, President, Treasurer
2562 SW 8th Street
Suite A
Miami, Florida 33135

JOAN M. POWERS
Director of Program, Secretary
15251 Northeast 18th Avenue
North Miami, Florida 33161

JAMES J. RINGO
Director of Housing Outreach, Vice President
15251 Northeast 18th Avenue
North Miami, Florida 33161

ARTICLE VI

Initial registered agent and street address:

JOAN M. POWERS
2562 SW 8th Street
Suite A
Miami, Florida 33135

ARTICLE VII

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of

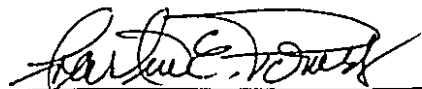
section 501 (c) (3) of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the Federal State or local government for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the organization is then located exclusively for such purposes.

The name and street address of the Incorporator to these Articles of Incorporation is:

MARTIN E. POWERS
2562 SW 8th Street
Suite A
Miami, Florida 33135

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21st day of February, 1995.

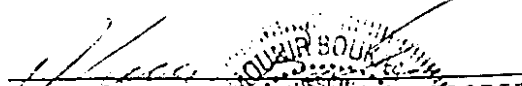
MARTIN E. POWERS, is personally known to me.

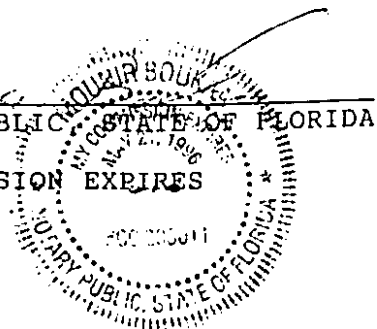


MARTIN E. POWERS, INCORPORATOR
RECOVERY HAVEN, INC.

STATE OF FLORIDA)
) S.S
COUNTY OF DADE)

THE FOREGOING instrument was acknowledged and sworn to before me this 21st day of February, 1995, by MARTIN E. POWERS of Recovery Haven, Inc. 15251 Northeast 18th Avenue, North Miami Beach, Florida 33161.


NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: RECOVERY HAVEN, INC
(must include suffix)

15251 NE 18 Ave, N Miami Beach, FL 33161

2. The name and address of the registered agent and office is:

JOAN M. POWERS

(Name)

2562 S.W. 8th Street, Suite A

(Street address - P. O. Box not acceptable)

MIAMI, FLORIDA 33135

(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.

Joan M. Powers
(Signature)

2/20/95
(Date)

Registered Agent filing fee \$35.00

FILED
FEB 24 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA