# N9500003678

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PHOENIX HABILATION SERVICES INC. (Proposed corporate name - ment include suffix) 000001552510 -08/03/95--01004--005 \*\*\*\*245.00 \*\*\*\*122.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$70.00 **☑**\$122.50 \$78.75 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate. FROM: JOHN M. WHIDON
Name (Printed or typed) 512 N. CALhoun 57. TALL ALASSEE FLA. 32301 904- \$13-9715 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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:

PHOENIX HABILATATION SERVICES INC.

## ARTICLE II

Principal place of business and mailing address

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

3491-11 THOMASVILLE Rd.

Suite 404 TALLALASSEE, FLA. 32308



### ARTICLE III

Purpose(s)

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

THE CORPORATION IS ORGANIZED FOR THE SOLE PURPOSE of prividing UARIOUS MENTAL HEALTH THERAPUTIC & Support | SERVICES TO CHRONICALLY diagnised individuals PACUTE CASES ASSOCIATED WITH MENTAL 9 ENOTIONAL disordERS SINCE MANY of THESE OFS
THE INDISENT THERE IS A RATE ASKEEMENT RELATIONSHIP WITH
for PROTIT PASIS.

ARTICLE IV

Manner of election of directors

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

THE MANNER IN Which directors ARE Appointed is: As stated in THE BYLAWS

#### ARTICLE V

## Limitation of corporate powers

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

#### ARTICLE VI

## Initial registered agent and street address

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

SHERRY LANGE 2305 KILLEARN CENTER BLUD TALIAKASSEE, FLA. 32308

#### ARTICLE VII

#### Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

JOHN M. WHIDDON

5/2 N. CALLOUN ST.

TALLALASSEE, FLA. 32301

Signature of Incorporator:

John M. WHINDON
Typed name of incorporator signing

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENTALEGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:
PHOENIX HABILITATION SERVICES IN.
2. The name and address of the registered agent and office is:
SHERRY LANGE
2305 KILLEARN CENTER BLUS.  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
TALLAHASSEE FLA. 32308
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 have by accept the remainder

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.