TRANSMITTAL LETTER

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

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SUBJECT: Deve	looment	al (ha	racter	Change.	Inc.
	1	Proposed	corporat	e name - must in	clude 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

2 \$87.50

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

284 West King St.

Augustine, Florida 32095 Ocity, State & Zip

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

ARTICLES OF INCORPORATION
The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:
ARTICLE I NAME The name of the corporation shall be:
Developmental Character Change, Inc.
The principal place of business and mailing address of this corporation shall be: Leve to project the larget CHANGE ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are):
Youth program design to work with students that have been suspended from school, an alternate
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:
YEARly - Elected - "As stated in the By Laws"
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Kobert Watkins 284 West Kins Street Street Augustine, Florida 32095 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are:
Robert Watkins Street - St Augustine, FL 32095

(An additional article must be added if an effective date is requested.)

Signature/Incorporator

10/29/9

Date

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.

Robet anche Wathins	10/29/98
Signature/Registered Agent	Date