POCCOSMUTALITY SALVER VIEW 18845

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

enter Inc					
19770 1079010 *****87.50					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					

FROM:	Tobi Potter Name (Printed or typed)			e	٠
	518 Governor st.	SEURE		¥-	- :
	Green Cove Springs, Fl. 320	ASS F. FI	8		
	904-539-8100 Daytime Telephone number	ORIDA	9: 07	**************************************	-

EFFECTIVE DATE

2-(1-00

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 Business Corporation Act, CONTROL MA SON hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is North Florida Family Therapy Center, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address for this corporation is 2301 Park Avenue, Suite 205, Orange Park, FL 32073.

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares.

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV:

The registered agent for North Florida Family Therapy Center, Inc. is Tobi A. Potter residing at 518 Governor Street, Green Cove Springs, FL 32043.

ARTICLE V: EFFECTIVE DATE

The effective date for these Articles of Incorporation is to be February 11, 2000.

<u> ARTICLE VI: INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation are: Tobi A. Potter, 518 Governor Street, Green Cove Springs, FL 32043.

Signature/Incorporator

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/Registered Agent