	DATE	March	30,	2000	
Florida Department of State Division of Corporations			,		
P.O. Box 6327 Tallahassee, FL 32314			TAL	8 8	
Re: Thera	lic Wh peutic (Name of Con	ispers Center poration)	LAHASSEE, FLOKIDA , Inc. ,	FILED 00 MAR 31 PM 3: 03	-
Gentlemen:					
Enclosed please find the original and one check in the amount of \$78.75	copy of the Ar	ticles of Incorporation	ı, together v	vith my	
This represents the cost of the Filing Fees Registered Agent Designation for the abo			poration and	d Fee for	
	Very truly	yours. 200	-03/31/00	317121 301060005 .75 *****78.75	
		Sheila	Mon	ne Sue	
	Angelic	Whisper (Name of	s the Corporation)	<u>capeut</u> ic Ce	~4c
SHOULD MONSUL GAVE		MAILING ADDRESS O	_	į.	-
and Suffly	<u>P</u>	lantation	PL 3	3313	
COO. E.W. 71-7/7/00	(99 Area	PHON 74) 747 - 4346 Code Number		Ext.	

ARTICLES OF INCORPORATION

	of	
Angelic	Whispers Therapeutic	Center Tur
J	(name of corporation)	- (O O EV) + OC,

the

the following articles of incorporation for such corporation:				
ARTICLE I - CORPORATE NAME The name of the corporation is: Angelic Whispers Therapeutic Center, Inc.				
ARTICLE II - DURATION				
This corporation shall exist perpetually unless dissolved according to Florida law.				
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.				
ARTICLE IV - CAPITAL STOCK				
The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.				
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:				
STREET ADDRESS 7521 N.W. 16 St. #4101				
CITY Plantation FLORIDA \$ ZIP 33313				
Mailing address, if different				
STREET ADDRESS 7521 N.W. 16 St. #4101				
city Plantation FLORIDA ZIP 33313				
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT				
The street address of the initial registered office and the name of the initial registered agent at the efficiency				

NAME	Sheila Monsue	·	
ADDRESS	7521 NW 16 St.	#4101	
CITY	Plantation	FLORIDA	ZIP 33313

	ARTICLE VII - I	NITIAL BOARD OF D	IRECTORS		
either increased of	ation shall have	By-Laws, but shall never	s initially. The rear to be less than o	number of dire	ectors may be
addresses of the i	nitial director(s) of the corporation are	e as follows:		, ,	
NAME	Sheila Mor	sue	12		
ADDRESS		<u> </u>	4101	<u></u>	
CITY	Plantation	STATE	F1	ZIP 3	33/2
NAME					
ADDRESS					<u></u>
CITY		STATE		ZIP	منو
NAME		. 20		***	
ADDRESS		<u> </u>			
CITY		STATE		ZIP	
	ARTICLE	VIII - INCORPORATO)RS		
The names and ad	dresses of the incorporators signing th			ows:	
NAME	Cl	nsue		· · · · · · · · · · · · · · · · · · ·	
ADDRESS		/ 0/	#4101		<u>, , , , , , , , , , , , , , , , , , , </u>
CITY	Plantation	STATE	FL	ZIP 🕏	33/3
NAME					<u> </u>
ADDRESS					
CITY		STATE		ZIP	
NAME				 -	
ADDRESS					7 .
CITY		STATE		ZIP	
The undersigned	incorporator(s) have executed these	se Articles of Incorpora	etion this	30th	
lay of	March				
		20.			
		Skaila	Mons	ue_(Sig	mature)
					, - ,
				(Sig	mature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

00 MAR 31 PM 3: 04

SEURETARY OF STATE
TALLAHASSEE, FLORIDA

Angelic Whispers Therapeutic Center, INC.

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.