

TRANSMITTAL LETTER

800000 40258

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

SUBJECT: CARE: Program Evaluation, Inc.
(Proposed corporate name - must include suffix)

800003219098--7
-04/21/00--01109--003
*****87.50 *****87.50

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
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Seward E. Hamilton, Jr.
Name (Printed or typed)

P.O. Box 214
Address

Lloyd, FL 32337
City, State & Zip

850-342-1145 / 850-599-3014
Daytime / Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

RECEIVED
00 APR 21 PM 2:40
00 APR 21 PM 2:46

APPROVED
AND
FILED

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

Will Wait

**CERTIFICATE OF INCORPORATION
OF**

CARE: Program Evaluation, Inc.
(A corporation for Profit)

This Corporation is a "corporation For Profit". The undersigned incorporater, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Corporation.

We, the undersigned, hereby associate ourselves for the purpose of becoming incorporated under the laws of the State of Florida, applicable to corporations not for profit, under the following proposed charter:

ARTICLE I: NAME AND LOCATION

The name of the corporation shall be: "CARE – Program Evaluation", hereafter known as "The Corporation."

The principle place of business of The Corporation shall be
Lloyd, Florida 32337

ARTICLE II: DURATION

The period of the duration of The Corporation is perpetual unless dissolved according to law.

ARTICLE III: PURPOSE

The general purposes for which The Corporation is organized are educational, cultural, mental health, and human growth and development services.

- 1) Conducting and developing educational and social evaluations, needs assessments, conferences and research services for community, agencies and organizations.
- 2) Providing community services, pre-vocational and vocational training initiatives for human resource development
- 3) developing entrepreneurial development training for public, chartered and private educational institutions
- 4) Developing community service programs to enhance the psychosocial, educational, economic and mental health skill development.
- 5) Providing human behavior training techniques to parents, school personnel, community, city and governmental organization employee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III: PURPOSE *(Continued)*

assistance services in behavior management, study skills, learning problems, cultural diversity, stress management, conflict resolution, computer software training, job skill development and program evaluation.

- 6) Providing psycho-educational and diagnostic assessment for pediatric aged persons (between birth to 21 years of age) and adults.
- 7) Providing psycho-educational and prescription-intervention services and pre-and-post therapeutic services for the affective, cognitive, and psychomotor areas.
- 8) Providing multidisciplinary mental health consultant services to community persons, public school educators, mental health agencies, medical centers, and other social service organizations.
- 9) Providing professional development training to educators and trainers concerning advance development in the educational, behavioral medical and social science disciplines.
- 10) Other general purpose or purposes for which this Corporation is being formed are to include transactions of any and all lawful business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The aggregate number of shares, which The Corporation shall have authority to issue, is forty (40) common shares without par value.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of its initial registered office/principal office is 296 Osprey Lane, Murmuring Creek, Lloyd, Florida 32337, and the name of its initial registered agent a is Seward E. Hamilton, Jr.

ARTICLE VI: BOARD OF DIRECTORS

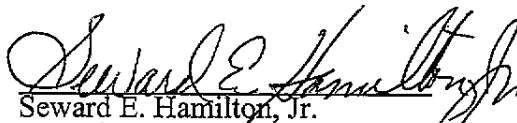
The Executive Directors constitutes the governing Board of Directors is "one (1)" and the number of directors is three (1). The address of the person(s) who are to serve as a member thereof is as follows:

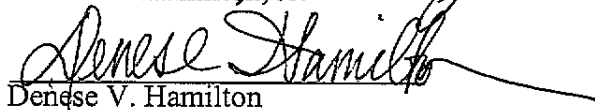
NAME	ADDRESS
Seward E. Hamilton, Jr, Executive Director.	296 Osprey Lane, Murmring Creek Lloyd, FL 32337
Denese V. Hamilton, Director	296 Osprey Lane, Murmring Creek Lloyd, FL 32337

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day , before me, a Notary Public authorized in the State and County named above to take acknowledgement, personally appeared Seward E. Hamilton, Jr., to me known as the person described as the subscribed in and who executed the foregoing Article of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation the 21st day of April, 2000.


Seward E. Hamilton, Jr.


Denese V. Hamilton

STATE OF FLORIDA
COUNTY OF LEON

THE FOREGOING instrument was acknowledged and sworn to me before this

21st day of April, 2000,


Notary Public

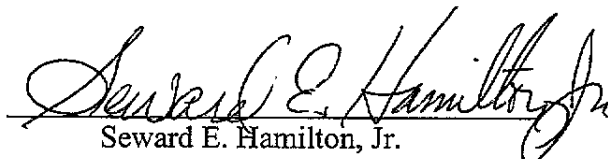
My Commission Expires: _____



Benetta B. Davis
MY COMMISSION # CC636743 EXPIRES
April 8, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

00 APR 21 PM 2:46
APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the Undersigned, hereby accept the appointment as Registered Agent of the above noted Corporation. I am familiar with, and accept the obligations of, Section 607.0501 or 617.0501, Florida Statutes.


Seward E. Hamilton, Jr.