

CORPORATION(S) NAME

CR2E031 (R8-85)

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ARTICLES OF INCORPORATION

Society and You Support Coordinator Services Inc.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

SOCIETY AND YOU SUPPORTED TO BE TO B

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

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

8281 Sw 27 STREET

MINMI FLA 33155
Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is $\{O,O\}$ shares, having an individual par value of \$ $\{O,O\}$

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: SAMUEL ESKINAZ/

8281 SW 27 STREET MIAMI FLA 33155

Article VII

The initial board of Directors shall consist of a total of Om E person(s) and the name and address of the person(s) who are to serve as an initial director(s)

SAMUEL ESKENAZI 8281 SW 27 STREET MIAMI FLORIDA 3315S

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is: SAMUEL ESMENA2

8281 SW 27 STREET MIAMI FLA 33155

The undersigned has executed these Articles of Incorporation this $\phi \mathcal{G}$ day of $\mathcal{J} vm \mathcal{E}_{f}$, 2000

Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

00 JUN 16 PH 12: 00
SECRETARY OF STATE
TALLAHASSEE FLORIDA