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ATLANTIC

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*****78.75 *****78.75

CORPORATION(S) NAME

*Sunset Developmental Support
Services, Inc.*



Empire Toll Free: 1-800-432-3028

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF
Sunset Developmental Support
Services, Inc.

These Articles are in compliance with Chapter 607, Florida Statutes.

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TALLAHASSEE FLORIDA

Article I

The name of this corporation shall be:

Sunset Developmental Support
Services, Inc.

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:

10449 SW 80 ST, Miami FL 33173

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 100 shares, having an individual par value of \$1.00

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:

Haydée Machado-Milián.
10449 SW 80 ST
Miami, FL 33173

Article VII

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


Haydée Machado-Milián.
10449 SW 80ST
Miami, FL 33173.

Article VIII

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

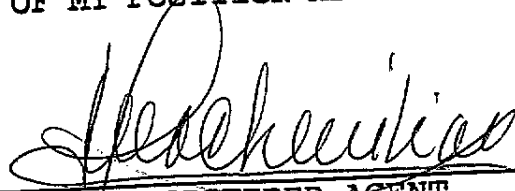
Haydée Machado-Milián
10449 SW 80ST
Miami, FL 33173.

The undersigned has executed these Articles of Incorporation this 21 day of June, 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

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