OFF E USFAUL (U. sume

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #1

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

600003767146--2 -02/26/01--01057--008 *****78.75 ******78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
1.	PROFESSION	AL COUNSELING & DIAGNOSTIC
2.,	TVC.	(Document #)
3.	(00.)20000, 110.110,	,
4.	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up time	(Document #) Z Certified Copy Photocopy Certificate of Status
	Mail out Will wait	Certified Copy Certified Copy Certificate of Status Certificate of Stat
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
4	NonProfit	Resignation of R.A., Officer/Director
	, Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger S S S S S S S S S S S S S S S S S S S
,		
	OTHER FILINGS	REGISTRATION/ QUALIFICATION
	Annual Report	Foreign
	Fictitious Name	Limited Partnership
	Name Reservation	
	<u></u>	Reinstatement
		Trademark
		Other Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

PROFESSIONAL COUNSELING & DIAGNOSTIC INC

01FEB 26 PM 12: 38
SECRETARY UF STATLA
TALLAHASSEE FLORIDA

ARTICLE II

PRINCIPAL OFFICE

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

2480 SE 7TH PL HOMESTEAD, FLORIDA 33033

ARTICLE III

SHARES

The number of shares which the corporation is authorized to issue and have outstanding at any time is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That **PROFESSIONAL COUNSELING & DIAGNOSTIC INC.** Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of HOMESTEAD County of MIAMI-DADE State of Florida had name BEATRIZ JIMENEZ of 1800 NW 24TH AVENUE #1010, MIAMI, FL 33125 of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

BEATRIZ JIMENEZ
Registered Agent

ARTICLE V

INCORPORATOR (S)

The name(s) and street address of the incorporate(s) to these Articles of Incorporation is (are):

BEATRIZ JIMENEZ

100% SHARES

1800 NW 24^{TH} AVENUE #1010 MIAMI, FL 33033

ARTICLE VI

DIRECTOR (S)

The name(s) and street address of the director(s) to these Articles of Incorporation is (are):

BEATRIZ JIMENEZ

P/V/S/T/D/

1800 NW 24TH AVENUE #1010 MIAMI, FL 33033

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this <u>23RD</u> Day of February 2001.

Beather Jimene.