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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4001

EFFECTIVE DATE
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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

A BETTER WAY OF LIFE AT FIRST STEP TO RECOVERY A 24

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| Certificate of Status | 0 |
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03-20-01

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ARTICLES OF INCORPORATION

OF

**A BETTER WAY OF LIFE AT FIRST STEP TO RECOVERY A 24 HOUR ALCOHOL
& DRUG HELPLINE AND TREATMENT CENTER, INC.**

I, the undersigned incorporator of this corporation under Florida Statute 607, as amended,
do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

ARTICLE I

The name of this corporation is: A BETTER WAY OF LIFE AT FIRST STEP TO
RECOVERY A 24 HOUR ALCOHOL & DRUG HELPLINE AND TREATMENT CENTER
INC.

The mailing address for the Corporation is:

150 S. Pine Island Road, Plantation, Florida 33324

ARTICLE II

PURPOSE AND NATURE OF BUSINESS

The purpose of this corporation and general nature of the business to be conducted are as
follows:

A. To engage in any business activity or endeavor which is lawful under the laws of the
State of Florida, and the United States of America.

ARTICLE III

DURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the date of execution and
acknowledgment of these Articles of Incorporation.

THIS INSTRUMENT PREPARED BY:
MAYNARD J. HELLMAN, ESQUIRE
FLORIDA BAR NO. 137411
150 S. PINE ISLAND ROAD, SUITE 500
PLANTATION, FL 33324
Tel: (954) 577-9177
Fax: (954) 577-9883

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ARTICLE IV**CAPITAL STOCK**

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of Common Stock, each share having no par value.

ARTICLE V**INITIAL CAPITAL CONTRIBUTION**

The amount of capital with which this corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars.

ARTICLE VI**SUBSCRIBERS**

The name and address of the subscriber of these Articles of Incorporation and the number of shares he has elected to take are as follows:

| <u>SUBSCRIBER</u> | <u>ADDRESS</u> | <u>NUMBER OF SHARES</u> |
|--------------------------|--|--------------------------------|
| David Shurgin | 150 S. Pine Island Road, Suite 500 Plantation, FL 33324 | 1 |

ARTICLE VII**DIRECTORS**

THIS INSTRUMENT PREPARED BY:
MAYNARD J. HELLMAN, ESQUIRE
FLORIDA BAR NO. 137411
150 S. PINE ISLAND ROAD, SUITE 500
PLANTATION, FL 33324
Tel: (954) 577-9177
Fax: (954) 577-9983

The initial number of Directors of this corporation shall be one (1). The number of Directors may either be increased or decreased from time to time by a vote of the stockholders in conformity with the By-Laws of the Corporation but shall never be less than one (1).

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors who, subject to the provisions of the Certificate of Incorporation, the By-Laws and the Corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until his successor is elected and qualified, is:

NAME

ADDRESS

David Shurgin

150 S. Pine Island Road, Suite 500
Plantation, FL 33324

ARTICLE IX

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 150 S. Pine Island Road, Suite 500, Plantation, Florida 33324, and the name of the initial Registered Agent of this corporation at that address is Maynard J. Hellman, Esq..

ARTICLE X

INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

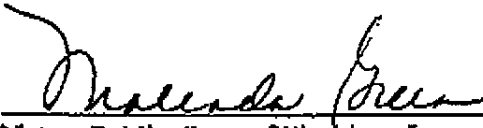
DATED this 20th day of March, 2001.


DAVID SHURGIN

STATE OF FLORIDA)
)SS
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared DAVID SHURGIN to me well known to be the person described in and who executed the foregoing Certificate of Incorporation, and who acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Broward County, Florida, this 20th day of March, 2001.



Notary Public, State of Florida at Large

My Commission Expires:



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**A BETTER WAY OF LIFE AT FIRST STEP TO RECOVERY A 24 HOUR
ALCOHOL & DRUG HELPLINE AND TREATMENT CENTER, INC.**

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE PURPOSES
OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS
_____ MAY BE SERVED _____

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED:

FIRST, THAT A BETTER WAY OF LIFE AT FIRST STEP TO RECOVER A 24 HOUR
ALCOHOL & DRUG HELPLINE AND TREATMENT CENTER, INC. IS DESIRING TO
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AT 150 SOUTH PINE ISLAND ROAD, SUITE 500,
BROWARD COUNTY, STATE OF FLORIDA, HAS NAMED MAYNARD J. HELLMAN, ESQ.,
AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: _____

David Shurgin

Title: SubscriberDate: March 20, 2001

Having been named to accept services of process for the above stated corporation, at the
place designated in this certificate, I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my
duties.

Signature: _____

Maynard J. Hellman, Esq.
(Registered Agent)

Date: March 20, 2001

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

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