Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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# FLORIDA PROFIT CORPORATION OR P.A.

TRI-COUNTY OUTREACH OF CENTRAL FLORIDA, IN

Certificate of Status	1
Certified Copy	0
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# ARTICLES OF INCORPORATION ο£

# TRI-COUNTY OUTREACH OF CENTRAL FLORIDA, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

TRI-COUNTY OUTREACH OF CENTRAL FLORIA, INC. 5100 W.COLONIAL DRIVE, STE. 167, ORLANDO, FL 32808

This corporation shall exist perpetually unless dissolved according to Florida law.

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

Name:	DEBRA MACON-MATTHEW		
Address:	417 JORDON STUART CIRCLE, APT. 103		
City:	APOPKA FL 32703		

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### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	DEBRA MACON-MATTHEW, President	
Address:	417 JORDON STUART CIRCLE, APT. 103	
City:	APOPKA, FL 32703	
Name:	NICOLE PHILLIPS-HOLLIS, Secretary/Treasurer	
Address:	9000 LAKE FISCHER BLVD	
City:	GOTHA FL 34734	

### ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

Name:	DEBRA MACON-MATTHEW		
Address:	417 JORDON STUART CIRCLE. APT. 103		
City:	APOPKA FL 32703		

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\*\*\*\*\*\*\*\*\*\*\*

Debra Macon Mouthers
DEBRA MACON-MATTHEW/Registered Agent

6/7/2001

Date

DEBRA MACON-MATTHEW/ Incorporator

6/7/2001

Date

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SECRETARY OF STATE
FALL ANASSEL, FLORID.