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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SAPOZNIK PSYCHOTHERAPY P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SEP 6 2001

ARTICLES OF INCORPORATION

<u>OF</u>

SAPOZNIK PSYCHOTHERAPY P.A.

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

ARTICLE I NAME

The name of the corporation shall be:

SAPOZNIK PSYCHOTHERAPY P.A.

The principal place of business of this corporation shall be: 20191 E. Country Club Dr. #1211 Aventura FL 33180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. Therapist Lic No. 1875

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 1000 @ \$1.00 authorized to have outstanding at any one time is:

ONE TROUSAND @ (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MARCIA SAPOZNIK, PRESIDENT 20191 E. Country Club Dr., #1211 Aventura Fl 33180

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARCEA SAPOZNIK
20191 E. Country Club Dr., # (21)
Aventura FL 33180

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this _ 5 _ day of _septembex 2001

Signature(s) of Incorporator(s)

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

20191 E. Country Club Drive., #1211 (P.O. BOX NOT ACCEPTABLE) Aventura FL 33180 (CITY/STATE/ZIP) SIGNATURE (Corporate Officer) TITLE President DATE September 5, 2001	
(P.O. BOX NOT ACCEPTABLE) Aventura FL 33180 (CITY/STATE/ZIP) SIGNATURE (Corporate Officer) TITLE President DATE September 5, 2001	
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(Corporate Officer) TITLE President DATE September 5, 2001	ļ. (
TITLE President DATE September 5, 2001	
DATE September 5, 2001	
AVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE	
ORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT HIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT TUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.	T IN