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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

200004628172--9

-10/09/01--01019--003

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

SUBJECT: The Addiction Recovery Specialists, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Paul R. Ashe, Esq.
Name (Printed or typed)

2238 W. Fairbanks, Ave.

Address

Winter Park, FL 32789

City, State & Zip

(407) 647-3895

Daytime Telephone number

FILED
01 OCT -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

D. WHITE OCT 10 2001
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Addiction Recovery Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1400 Village Square Blvd. #3-108

Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform consulting and management services in the areas of addiction, mental health, detention, and other related services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Joanna Johnson - President

3009 Greenwich Ct.

Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Paul R. Ashe, Esq.

2238 W. Fairbanks Ave.

Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joanna Johnson


3009 Greenwich Ct.

Tallahassee, FL 32308

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


Signature/Registered Agent

10/4/01
Date


Signature/Incorporator

10/4/01
Date

FILED

01 OCT -9 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA