OFFICE V. 87 AVENUE 3320 S MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Certified Copy-Pick up time Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(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:

aipha community mental Health center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

6240 5W 218T mua F1 33185

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Andre Rivero-Guevara 6240 SW. 21ST Mull, Fl 33/55

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is:
63405W215T
mee, F1 33155

ANDRERIUS - UE Vara

The under: signed incorporator has executed these Articles of Incorporation this 13 day of ANDUST 2002

Signature

ARTICLE VI- DIRECTOR(S)

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

Andre Rivero - Guelara 6240 SW 2(ST, mu, F133155 President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature