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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

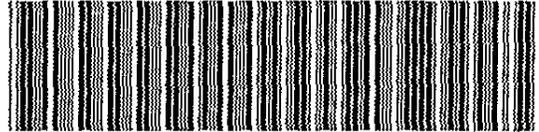
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: Norland Quality health Services & Counseling Center, 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: Gustav St. Jules, Ph.D.
Name (Printed or typed)

18800 NW 2ND Avenue, Suite 217K, Miami, FL 33169
Address

Miami, Florida 3016953-2488
City, State & Zip

305 653-2488
Daytime Telephone number

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

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:

Norland Quality Health Services and Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

18800 NorhtWest 2nd Avenue
Suite 217 K
Miami, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Counseling and Health Services to Con sumers.

ARTICLE IV SHARES

The number of shares of stock is:

7,000 share of \$1.00 per value common stock which shall be designated as "Common Share".

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

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ARTICLE VI REGISTERED AGENT

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

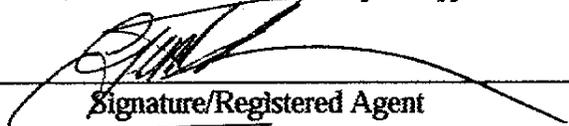
Gustav Saint Jules, Ph.D.
9801 Norht Miami Avenue, Florida 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gustav St. Jules, Ph.D.
9801 North Miami Avenue, Florida 33150

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

12/26/02
Date


Signature/Incorporator

12/26/02
Date