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To:

Division of Corporations

Fax Number : (850)205+0381

Frome

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

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SE OBTAIN THE ORIGINAL

FLORIDA PROFIT CORPORATION OR P.A.

GRELLING PSYCHOLOGY ASSOCIATES, PA

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CAPITAL CONNECTION

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# ARTICLES OF INCORPORATION

OF

# GRELLING PSYCHOLOGY ASSOCIATES, P

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is GRELLING PSYCHOLOGY ASSOCIATES, PA The specific nature of business of this professional association is the practice of psychology.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 965 North Nob Hill Road, #138, Plantation, FL 33324.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

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#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Barbara Grelling, Ph.D, 965 North Nob Hill Road, #138, Plantation, FL 33324.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

## ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President/ Secretary: Barbara Grelling, Vice-President/ Treasurer: Kent Grelling, 965 North Nob Hill Road, #138, Plantation, FL 33324.

The undersigned has executed these Articles of Incorporation this 31st day of March 2003.

"Capital Connection, Inc. by Stacey Legget, Client Representative"

Starry Leggett

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# CENTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0001, Floride statutes, the mentioned corporation, organized under the lawn of the state of Florida, submits the following statement in designating the registered office/registered agent, in the ctate of Florida.

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		965	Nor	th No	b Hill	Road	<b>∮138</b>				
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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR MITH AND ACCEPT THE ODLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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SECKLIARY OF STATE

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