## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : C.R. COOPER, CPA, PA

Account Number: 120000000105 Phone: (561)432-0008 Fax Number: (561)433-3596 SECRETARY OF STATE

# FLORIDA PROFIT CORPORATION OR P.A.

THERAPEUTIC PRESENCE, INC.

Certificate of Status	Ð
Certified Copy	1
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## ARTICLES OF INCORPORATION

of

#### THERAPEUTIC PRESENCE, INC

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I - CORPORATE NAME

The name of the corporation is: THERAPEUTIC PRESENCE, INC

#### ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida Law.

#### ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Seventy Five Hundred shares (7500) of One Dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares".

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

Name: LYNN M. COUSINEAU
Address: 1000 NW 130 STREET
City: N. MIAMI, FLORIDA 33168

The principal office, if known, or the mailing address of the corporation is:

Name: THERAPEUTIC PRESENCE, INC Address: 1000 NW 130 STREET City: N. MIAMI, FLORIDA 33168

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### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

Name: LYNN M. COUSINEAU		·····					<del></del>
Address: 1000 NW 130 STREET		•		_			
City: N. MIAMI, FLORIDA 33168		<u> </u>	_ ' :				
Name:			·	,	,		
Address:	-	•.	•	* *	,		, -
City:		,	· .	, .			
Name:	•		* * *.		-		
Address:					. '	•	-
City						· · · · ·	

The names and addresses of the Incorporators signing these Articles of Incorporation are as follows:

Name: LYNN M. COUSINEAU	
Address: 1000 NW 130 STREET	· · ·
City: N. MIAMI, FLORIDA 33168:	
Name:	
Address:	
City:	
Name:	
Address:	* /
City:	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18TH of JUNE, 2003

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### CERTIFICATE OF ACKNOWLEDGMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

of

#### THERAPEUTIC PRESENCE, INC

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 1000 NW 130 STREET, N. MIAMI, FLORIDA, 33168 has named LYNN M. COUSINEAU located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGMENT

Have been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida law in keeping open said office.

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SECRETARY OF STATE TALLAHASSEE, FLORID

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