Livision of Corporations

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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221

: (631)224-9004

Phone Fax Number

: (631)218-9522

FLORIDA PROFIT CORPORATION OR P.A.

TRIAD COUNSELING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

H0000000308405

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION 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 SHALL BE:

TRIAD COUNSELING, INC.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

3954 SIERRA MADRE DR. S. JACKSONVILLE, FL 32217

ARTICLE III -SHARES

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

2,000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: NATALIE KOVISH 3954 SIERRA MADRE DR. S., JACKSONVILLE, FL 32217

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

NATALIE KOVISH 3954 SIERRA MADRE DR. S., JACKSONVILLE, FL 32217

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SECNETARY OF STATE
TALLAHASSEE, FIORINA

H03000 2308465

ARTICLE VINCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Korry Walsh
IncorporateTime.com, Inc.
35-37 Carleton Avenue, Suite 200
Islip Terrace, NY 11752

Kerry Walsh, Incorporator

7/3/03 Date

Having been named registered agent and to accept service of process for the above stated corporation as 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 with and accept the obligations of my position as registered agent.

NATALIE KOVISH, Registered Agent

7-/0 - 0 3 Date

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