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(Business Entity Name)

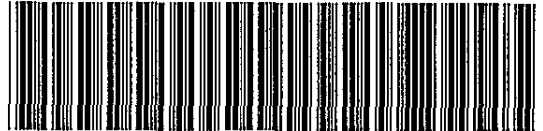
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8-14

TRANSMITTAL LETTER

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

SUBJECT: INSIGHT RECOVERY SERVICES, 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: Nollie Robinson

Name (Printed or typed)

1916 Zephyr Avenue

Address

Fort Pierce, Florida 34982

City, State & Zip

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
INSIGHT RECOVERY SERVICES, INC.

The undersigned subscriber, a natural person competent to contract for the purpose of forming a corporation under the laws of the State of Florida, adopts the following Articles of Incorporation for such corporation.

ARTICLE I

The name of this corporation shall be, Insight Recovery Services, Inc.

Its principal office shall be at 2526 Ventura Circle, West Melbourne, Florida 32904 or at such other place as may be designated, from time to time, by the Board of Directors.

ARTICLE II

The general nature of the business and the object and purpose for which the corporation is organized is to operate a business which will provide substance abuse counseling services and shall include the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE III

The street address of the initial registered office of this corporation in the State of Florida shall be 2526 Ventura Circle, West Melbourne, Florida 32904 . The initial registered agent at such address is Kenneth Jones.

ARTICLE IV

The aggregate number of shares which this corporation shall have authority to issue shall be one hundred (100) shares, all of which shall be common shares with a par value of \$1.00. In the event that a shareholder desires to sell his shares, he must first offer them for sale to the remaining shareholders; it being the intention hereof to give the remaining shareholders a preference in the purchase of same and any sale of shares in violation of this provision is null and void. A shareholder desiring to sell his shares shall file notice in writing of his intention with the President or Secretary of the Corporation, stating the terms of the sale, and, unless such terms are accepted by any or all of the remaining shareholders within thirty (30) days thereafter, they shall be deemed to have

waived their preference of purchasing such shares and he shall be at liberty to sell to anyone else.

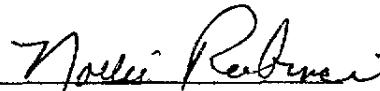
ARTICLE V

The business of this corporation shall be conducted by a Board of Directors, which shall consist of one (4) Directors initially. The number of Directors may be increased from time to time in accordance with By-Laws adopted by the shareholders. The name and address of the initial Board of Directors is: Kenneth Jones, President, 2526 Ventura Circle, West Melbourne, Florida 32904 ; Nollie Robinson, President, 1916 Zephyr Avenue, Fort Pierce, Florida 34982; M. Jane Jones, Treasurer, 2526 Ventura Circle, West Melbourne, Florida 32904 ; Nollie Robinson, Secretary, 1916 Zephyr Avenue, Fort Pierce, Florida 34982.

ARTICLE VI

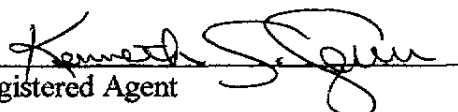
The name and address of the subscriber and incorporator is: Nollie Robinson, 1916 Zephyr Avenue, Fort Pierce, Florida 34982

IN WITNESS WHEREOF, the undersigned has subscribed his name to these Articles of Incorporation under the laws of the State of Florida, this ____ day of _____, 2003..


Incorporator
8/4/03
Date

Having 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 am familiar with and accept the obligations of my position as registered agent.

Dated 8-4-3


Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA