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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 2003 SEP 25 AM 9: 16

## FLORIDA PROFIT CORPORATION OR P.A.

JULIA B. OJALVO, L.C.S.W., P.A.

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#### ARTICLES OF INCORPORATION

TALLAHASSEE FLORIDA

OF

JULIA B. OJALVO, L.C.S.W., P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: JULIA B. OJALVO, L.C.S.W., P.A.

The principal place of business of this corporation shall be: 20822 W. Dixie Hwy.,
Mismi FL 33180

## ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. CLINICAL SOCIAL WORKER

# ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ 1.00 authorized to have outstanding at any one time is: 500 @ \$1.00 per value

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JULIA B. OJALVO, PRESIDENT 20822 W. Dixie Hwy., Miami FL 33180

# ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JULIA B. GJALVO 20822 W. Bixia Hwy., Mizmi FL 33180

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25 day of <u>september</u> 2003

Signature(s) of Incorporator(s)

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# CERTIFICATE DESIGNATING TERED AGENT/RECTORDA REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florids, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:JULIA B. OJALVO, L.C.S.W., P.A
2. The name and address of the registered agent and office is:
JULIA B. OJALVO *
20822 W. Dixie Hwy.,
(P.O. BOX NOT ACCEPTABLE)
08/28 In inches
(CITY/STATE/ZIP)
SIGNATURE Julia B. Ofolico (Corporate Officer)
TITLE President
DATE Section 25, 2003
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATES CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.
SIGNATURE Julia B. Ofolio (Registered Agent)