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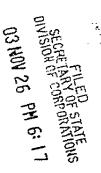
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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS



TRANSMITTAL LETTER *



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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **□**\$78.75 \$87.50 Filing Fee Filing Fee & Certified Copy Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED JANET M. FENDER

Name (Printed or typed) FROM: _ 700 KIRBY THOMPSON RUAD ALVA, FLORIDA 33920

City, State & Zip

(863) 612-1067

Daytime Telephone number

SUBJECT: LABELLE COUNSELING CENTER P.A.

(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621.	, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:			
LABELLE COUNSELING	CENTER	P.A.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 94 HALL STREET, P.O. BOX	× 1525, LAC	BELLE, FLOR,	IDA 3397
ARTICLE III PURPOSE The purpose for which the corporation is organized if PSYCHO THERAPY	S:	÷ -	
ARTICLE IV SHARES The number of shares of stock is:		·z·	
ARTICLE V INITIAL OFFICERS AND/OR List name(s), address(cs) and specific title(s): JANET M. FENNER, PRES			SECRETARY OF STA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registere TANET M. FENNER 700 KTRBY THOMPSON ALVA, FLORIDA 339	RUAU		TATE RANTIONS 6: 17
The name and address of the Incorporator is: TANET M FENNER 700 KIRBY THOMPSON	COA U	± .	
Having been named as registered agent to accept service of proceedificate, I am familiar with and accept the appointment as registered.	**************************************	corporation at the place d	
Signature/Registered Agent Javet M. Lewer Signature/Incorporator		11/21/03 Date	
Signature/incorporator		Date	