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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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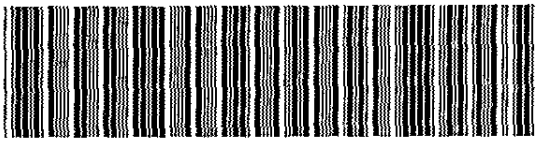

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Community Based Care Professionals, Inc.

Signature

Requested by:

SK 5/18/04 12:05
Name Date Time

Walk-In _____ Will Pick Up _____

- ✓ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ✓ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:
Community Based Care Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1699 Appalachee Parkway #494
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide technical assistance and training to Community Based Care organizations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

① Beck Dunn - Vice President for Financial Operations
1699 Appalachee Parkway #494 Tallahassee, FL 32301

② Deborah Robinson - President -
3208 Triton Circle Tallahassee, FL 32312

③ Christine McMillon-Lane - Vice President for Administrative Ops
3909 Reserve Dr #1531
Tallahassee, FL 32317

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Christine McMillon-Lane
3909 Reserve Dr #1531
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Christine McMillon-Lane
3909 Reserve Dr #1531
Tallahassee, FL 32317

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Christine McMillon Lane — 18 May 04
Signature/Registered Agent — Date

Christine McMillon-Lane — 18 May 04
Signature/Incorporator — Date