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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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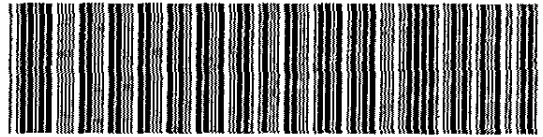
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
04 AUG 18 AM 8:13

TRANSMITTAL LETTER

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

Subject: **Script-Fully U Developmental Services, Inc.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

*Additional Copy Required

MAILING ADDRESS:

FROM: Alicia W. Washington
1821 "H" Avenue East
Riviera Beach, FL 33404

Enclosures: Various

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Script-Fully U Developmental Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

1821 "H" Avenue East
Riviera Beach, FL 33404

ARTICLE III

The mailing address of this corporation shall be:

1821 "H" Avenue East
Riviera Beach, FL 33404

ARTICLE IV SHARES

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

100

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name, address and telephone number of the initial registered agent is:

Alicia W. Washington
1821 "H" Avenue East
Riviera Beach, FL 33404

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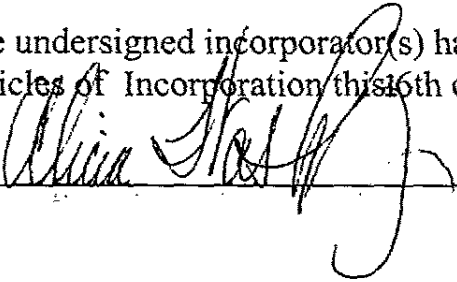
Phone: 561-352-5309

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Alicia W. Washington
1821 "H" Avenue East
Riviera Beach, FL 33404

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16th day August, 2004.

A handwritten signature in cursive script, appearing to read 'Alicia Washington', is written over a horizontal line.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Script-Fully U Developmental Services, Inc.

2. The name and address of the registered agent and office is:

Alicia W. Washington
1821 "H" Avenue East
Riviera Beach, FL 33404

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

Signature

Date

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