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FLORIDA PROFIT CORPORATION OR P.A.

SANDRA J. MARKS, M.A., P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

SANDRA J. MARKS, M.A., P.A.

ARTICLEI

The name of the corporation is: SANDRA J. MARKS, M.A., P.A

ARTICLEIL

The corporation shall engage in the profession of licensed Mental Health Counselor

ARTICLEIII

The maximum number of shares of capital stock that the corporation is authorized to issue is 1,000 shares of common stock at \$.10 par value.

ARTICLE IV

The amount of capital with which the corporation will begin business is the sum of \$100.00.

ARTICLE V

The corporation will have perpetual existence unless sooner dissolved according to law.

ARTICLE YI

The street address of the principal office of the corporation in this state shall be:

1472 SW 16 Terrace Ft. Lauderdale, Florida 33312

PREPARED BY: STEVEN A. FEINMAN, ESO. 8530 STATE ROAD 84 DAVIE, FLORIDA 33324 (954)473-5424 Florida Bar No:600880

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ARTICLE VII

The corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name of the initial Director of the corporation is:

SANDRA J. MARKS, M.A.

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is:

SANDRA J. MARKS, M.A.

ARTICLEIX

The Registered Agent of the corporation shall be STEVEN A. FEINMAN, ESQ., whose address within this state is as follows:

8530 State Road 84 Davie, Florida 33324

IN WITNESS WHEREOF, the Articles of Incorporation have been executed on this the

404000348308

164000348308 day of December 2004.

SANDRA J. MARKS, M.A

Having been named Registered Agent for the above stated corporation, I hereby agree to accept the appointment.

STEVEN A. FEINMAN, ESQ.

STATE OF FLORIDA)
SS
COUNTY OF BROWARD)

HEREBY CERTIFY, that SANDRA J. MARKS, M.A. to me personally known, or having produced Fo.L. as identification on this day acknowledged before me that she executed the foregoing Articles of Incorporation, and I further certify that the said person making said acknowledgment to be the individual described in and who executed the said instrument.

IN WITNESS WHEREOF, I have hereto set my hand and seal in said County and State on this the ______ day of December, 2004.

My Commission Expires:

Lisa c. Edwards Print Name

Print Name

Disagramman Signature Si

SSEE, FLORIDA

A C EDWARDS
MISSION * DD 118171
September 28, 8007

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