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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

T.O.A.D. Program of Miami Dade County, Inc.

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ARTICLES OF INCORPORATION OF

T.O.A.D. Program of Miami Dade County, Inc.

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

ARTICLE I: NAME

The name of the corporation is T.O.A.D. Program of Miami Dade County, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 1626 A Alton Road, Miami Beach, FL 33139.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$.01) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Judd Aronowitz, 1570 Madruga Ave., #311, Coral Gables, FL 33146.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is **President/ Secretary/ Director: Jack Benveniste, 1626 A Alton Road, Miami Beach, FL 33139.**

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 5th day of April 2005. Your Capital Connection, Inc., by **Stacey Piland, Client Representative**

Stacey Piland

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: T.D.A.D. PROGRAM OF
MIAMI DADE COUNTY, INC.
2. The name and street address of the registered agent and office is: JUDD ARONOWITZ
1570 MADRUGA AVE # 311 CORAL
GABLES FL. 33146

HAVE 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.


JUDD ARONOWITZ P.A.
1570 MADRUGA AVE.
SUITE 311
CORAL GABLES, FLORIDA 33146

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