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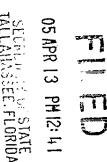
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TRANSMITTAL LETTER

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

SUBJECT: HUMAN SERVICES AND CONSULTING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: _D /	C. ISMAIL JIHAD Name	(Printed or typed)	
1	O STEVENS DRIVE	Address	<u>* * * * * * * * * * * * * * * * * * * </u>
-	MIDWAY, FLORIDA 3	2343 State & Zip	
i	(856) 942-0409 Daytime T	elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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March 30, 2005

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DR. ISMAIL JIHAD 10 STEVENS DR MIDWAY, FL 32343

SUBJECT: HUMAN SERVICES AND CONSULTING, INC.

Ref. Number: W05000016083

We have received your document for HUMAN SERVICES AND CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 805A00021489

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: HUMAN SERVICES AND CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10 STEVENS DRIVE, MIDWAY, FL. 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE BEHAVIORAL HEALTH MANAGEMENT CONSULTINE, PROFESSION AL ADVISORY SERVICES AND NATIONAL ACCREDITATION ASSISTANCE TO BEHAVIORAL AND MENTAL HEALTH PROVIDERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DR. ISMAIL JIHAD
10 STEVENS DRIVE
MIDWAY, FL 32343
CHIEF EXECUTIVE OFFICER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. ISMAIL JIHAD 10 STEVENS DRIVE MIDWAY, FL 32343

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DR. ISMAIL JIHAD 10 STEVENS DRIVE MIDWAY, FL 32343

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

Signature/Registered Agent

3-21-200 S
Date

3-21-05
Signature/Incorporator

Date