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COVER LETTER

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

FROM: Adult, Children + Family Counseling, Inc.

Name (Printed or typed)

1929 Langley Ave Suite 203

Address

Pensacola Fl 32504

City, State & Zip

Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Adult, Children + Family Counseling. Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 2929 Langley Ave. Suite 203 Densacola, Fl. 32504 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Counseling for Adults, Children, + Famili ARTICLE IV SHARES The number of shares of stock is: 5000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Alan Shemaria-Sec - 1001 Shemaria - Pres - 90010 Marci 10 Rockwood Bd 10 Rockwood Bd Pensacola, Fl. 32514 Pensacola. Fl 32504 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Marci Shemaria 10 Rockwood Rd Pensacola, Fl 32514 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Marci Shemaria 10 Rockwood Rd Pensacola, Fl 38514 Artical VIII 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

ARTICLES OF INCORPORATION

Signature/Registered Agent

Signature/Incorporator