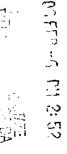


(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phone	#)
PICK-UP	TIAW [MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iting Officer:	

Office Use Only





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Center Foir Individual and Group Counseling (Name of Resulting Florida Profit Corporation)		
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.		
Please return all correspondence concerning this matter to:		
KAREN D. SACKS		
(Contact Person)		
Center For Individual and Graup Counseling P. A. (Firm/Company)		
(Firm/Company) 4270 NW 64th IANE (Address)		
(Address)		
BOCA RATON FL 33496 (City, State and Zip Code)	: د	
(City, State and Zip Code)	بر د.	
For further information concerning this matter, please call:		
KAREN 17 SACKS at (561) 789 8048		
(Name of Contact Person) (Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amount:		
15.00 Filing Fees and Certificate of Status Status Status S113.75 Filing Fees and Certified Copy Certificate of Status Status		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section	Registration Section	
Division of Corporations Division of Corporations		
Clifton Building P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314	Tallahassee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Center For Individual and Group Counsding
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of _ FIOLOA (Enter state, or if a non-U.S. entity, the name of the country) (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: CENTER FOR INCLUDIAL and GROUP Counseling PA (Enter Name of Florida Profit Corporation)

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)	
Signed this 30 day of 3AN ,2001.	
Signature: Kara O Lacks (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)	
Printed Name: KAREN D SACKS Title: DRECTOR	
PH 2: 52	*

Fees:

\$35.00 Certificate of Conversion:

\$70.00

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: \$8.75 (Optional) \$8.75 (Optional)

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:

Center for Individual and Group Counseling PA.

16 FED - 5 PM 2: 52

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4270 NW 644 IANE

BOCA RATION PL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Association Counseling Center.

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

KAREN D SACKS 4270 NW GYHLIGAC BOCA RATION FL 33496

ARTICLE VII	INCOR	PORA	TOR
The name and ad	dress of the	Incorp	orator is
42.70	D 514 124 WG 1247 ON	e lane	,
******	*****	*****	*****
Having been named	as registered	agent to	o accept s

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/Incorporator