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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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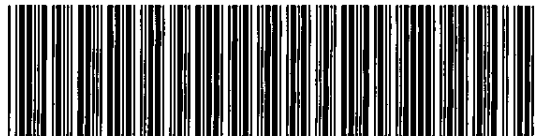
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
08 FEB 18 PM 1:52

ep 2/19/08

COVER LETTER

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

SUBJECT: Devonear, 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Devon R. Harrington

Name (Printed or typed)

269 NW 7th Street Unit 118

Address

Miami, Florida. 33136

City, State & Zip

(754) 581-6226

Daytime Telephone number

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

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:

Devonear, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

269 NW 7th Street Unit 118

Miami, Florida. 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for Devonear, Inc. establishment is to provide quality mental health services, substance abuse services, HIV/AIDS services to person living in distress in an effort to improve their quality of life. Devonear, Inc. purpose is to provide clinical supervision services for person's who are seeking licensure in the field of social work/mental health counselors, etc. Devonear, Inc. purpose is to provide early prevention/intervention services to children, youth and families. Devonear, Inc. purpose is to provide consultation services to businesses for quality assurance, etc..

ARTICLE IV SHARES

The number of shares of stock is:

One hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Devon R. Harrington, Executive Director

269 NW 7th Street Unit 118

Miami, Florida. 33136

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ARTICLE VI REGISTERED AGENT

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

Devon R. Harrington, Executive Director
269 NW 7th Street Unit 118
Miami, Florida. 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Devon R. Harrington, Executive Director
269 NW 7th Street Unit 118
Miami, Florida. 33136

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

2/14/08

Date



Signature/Incorporator

2/14/08

Date

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