## P11000032745

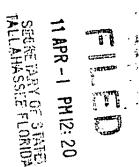
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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## **COVER LETTER**

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

SUBJECT: M	JulticultuRAL Gui (PROPOSED CORPORA	dance Center	INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles 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	Certified Copy & Certificate of Status
FROM:	Dr. DARNIET (DAN Name	ecutive PARK De Address	
_		State & Zip	3
<u> </u>	(954) 636 - Daytime T	2495 elephone number	
	DElizee 9 aol. ( E-mail address: (to be use	COVY7 d for future annual report n	otification)

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 co	proporation shall be: Multiculture	1 Guidance Center,	7 kgC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address,	if different is:
_	4947 SVU 167 Ave		D (
	Miramar, Fl 33027	1645 Execut	TUE PARK Dr. #632 Fl 33331
ARTICLE III	DIFFERE	_	•
	which the corporation is organized is:	o provide noucholos	
The purpose for w	men die eerperanen is erganizee is.	o provide psycholog	fical services
ARTICLE IV	SHARES		
The number of shar	·		是完美 一
ADTICLE U	INITIAL OFFICERS AND/OR DIRECT	MPS	200
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ec Name and Title:	<b>発養 2</b>
Address:	4947 S.W 167		<del>Q</del> ith
	Miramar, Fl 33		
Name and Ti	itle:	Name and Title:	
Address:			
Nama and Ti	itle:	Name and Title:	
Address:	uc		·········
110010351			
	REGISTERED AGENT  orida street address (P.O. Box, NOT acceptable	a) of the registered executive	
Name:	Dr DARNET (NAMEY)		
Address:	4947 SW 167 A	40	
	Mirawat, FS 3:	<u>302</u> 7	
ARTICLE VII	INCORPORATOR		
	iress of the incorporator is:	,~(	
Name:	Dr. DARHIET (DAWHY)	<u>Eliz</u> ee	
Address:	4947 SW 167 /	<u>4ve</u> .027	
	,		
	ed as registered agent to accept service of pro m familiar with and accept the appointment as		
•			-1 -1
	Acorda There		3/29/11
	Required Signature/Registered Agent		Date (
	ment and affirm that the facts stated herein		
uocument to the De	epartment of State constitutes a third degree fo	nony as provutea for in \$.81 /.133, F.S	•
	() (m)		بامداد
	Required Signature/Incorporator		Date