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11 APR -5 AH IO: 55

OUP AND FAIR OF CORPORATIONS
TALLAMASSEE, FLORIDA

RECEIVED

MAPR-5 MID: 57

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## COVER LETTER

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

SUBJECT:	(PROPOS	ROW ED CORPORA	an, Incor	povate	<u>2d</u>	
Enclosed are an o	riginal and one (1) o	copy of the arti	cles of incorporation an	nd a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	& Certifi Status	Copy cate of	
FROM: _	Jill 1		(Printed or typed)	and a set also a large and a set	_	
-	Tallaho	city,	Address			
	T. moli odd	·	elephone number		11 APR -5	
			for future annual report		AM (D: 57)	Ö

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	•	ii chapter oor anare	. Chapter 021, 1.5. (1101	" LED
ARTICLE I The name of the cor	<u>NAME</u> poration shall be: 」 i i i	Rowan	Inc.	the same of the sa
	PRINCIPAL OFFICE	,		11 APR -5 AM 10: 57
	Principal <u>street</u> address 7000 Spire wood Tallahasse, FL 3		Mailing a	ddress, if different is ARY OF SCATE PAULAHASSEE. FLORIDA
The purpose for wh	PURPOSE  iich the corporation is organiz	•		
F	sychological	Servic	es	
	SHARES es of stock is: \\\ \\\ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
	INITIAL OFFICERS AND	OR DIRECTORS	1.11	Da ca Sasada.
Name and Tit Address:	<u>1000 Dorcew</u>	president ood Lane , FL 32312	Name and Title:Address:	Rowan, Secretary
Name and Tit Address:	le: Thomas Row 7000 Spices tallahassee,	used Lane	Name and Title: 10	mas Rango, treasurer
Name and Tit Address:	le:		Name and Title:Address:	
		<del></del>		
	REGISTERED AGENT ida street address (P.O. Box N	IOT acceptable) of th	ne registered agent is:	
Name: Address:	_ ' Jil Row _ 7000 Spi	an	ne	
ARTICLE VII	INCORPORATOR			
The <u>name and addr</u> Name: Address:	ress of the Incorporato is:  111 Konce 7000 5 P Tallahass	ice wood 1 ed, FL 323	arl 512	
Having been named this certificate, I am	familiar with and accept the a	ppointment as regist	or the above stated corpo ered agent and agree to a	eration at the place designated in ct in this capacity
	Required Signature/Reg	istered Agent		Date
I submit this docun document to the Dep N	nent and affirm that the facts partment of State constitutes a	stated herein are tr third degree felony a	ue. I am aware that the ss provided for in s.817.15	false information submitted in a 5, F.S.
<del></del>	Required Signature/Ii	ncorporator		3/3/11 Date