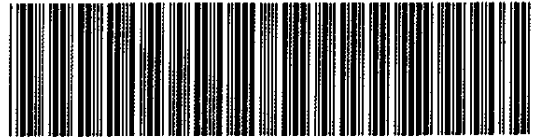


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Institute For Family Development, Corp.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jose P. Redondo, Ph.D.
Name (Printed or typed)

8370 W. Flagler Street, Suite 232
Address

Miami, FL 33144-2040
City, State & Zip

(305) 551-9669
Daytime Telephone number

redondojp@aol.com
E-mail address: (to be used for future annual report notification)

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: Institute For Family Development, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8370 W. Flagler Street
Suite 232
Miami, FL 33144-2040

Mailing address, if different is:
P.O. Box 521742
Miami, FL 33152-1742

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Health Care.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose P. Redondo, Ph.D., President Name and Title: _____
Address: 8370 W. Flagler Street Address: _____
Suite 232
Miami, FL 33144-2040

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jose P. Redondo, Ph.D.
Address: 8370 W. Flagler Street, Suite 232
Miami, FL 33144-2040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose P. Redondo, Ph.D.
Address: 8370 W. Flagler Street, Suite 232
Miami, FL 33144-2040

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

J. Redondo, Ph.D. Pres.

Required Signature/Registered Agent

07/15/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

J. Redondo, Ph.D. Pres.

Required Signature/Incorporator

07/15/2011
Date

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TALLAHASSEE FLORIDA