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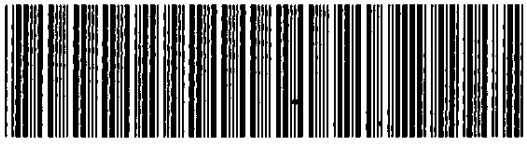

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COVER LETTER

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

SUBJECT: COMPEHENSIVE PSYCHOLOGICAL & CONSULTING SERVICES, INC,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- [X] $70.00 Filing Fee
- [X] $78.75 Filing Fee & Certificate of Status
- [X] $78.75 Filing Fee & Certified Copy
- [ ] $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: DR. ALEXIS F. BROWN
Name (Printed or typed)

4747 Collins Ave. #411
Address

MIAMI BEACH, FL. 33140
City, State & Zip

561-577-8194
Daytime Telephone number

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

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

Oct, 3rd, 2011

DR. ALEXIS R. BROWN, PhD
4747 Collins Ave, #411
Miami Beach, FL, 33140

To Whom It MAY CONCERN;

I am releasing the name (of my corporation) Comprehensive Psychological and Consulting Services, Inc. with Document # P10000007296 to be re-filed with the Articles of Corporation.

I appreciate in advance your taking care of this matter as quickly as possible.

ROCIO ZAMBRANO
Notary Public - State of Florida
My Comm. Expires Oct 27, 2013
Commission # DD 936434
Bonded Through National Notary Assn.

Thank you.

DR. Alexis R. Brown, PhD

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: COMPREHENSIVE PSYCHOLOGICAL & CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4747 Collins Ave, #411 MIAMI BEACH, FL. 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. ALEXIS R. BROWN, PhD
Address: 4747 Collins Ave, #411 MIAMI BEACH, FL. 33140

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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ARTICLE VI REGISTERED AGENT

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

Name: DR. ALEXIS R. BROWN, PhD
Address: 4747 Collins Ave, #411 MIAMI BEACH, FL. 33140

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DR. ALEXIS R. BROWN, FL.
Address: 4747 Collins Ave, 33140 MIAMI BEACH, FL

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

Dr. Alexis R. Brown PhD
Required Signature/Registered Agent

10/6/11
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.

Dr. Alexis R. Brown
Required Signature/Incorporator

10/6/11
Date