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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ADDICTION PROFESSIONALS NETWORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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J. Shivers JAN 09 2012

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:

ADDICTION PROFESSIONALS NETWORK, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1500 Gateway Blvd, Suite 220
Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful activity for which a corporation my be formed.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Howard W. Needle
1500 Gateway Blvd, Suite 220
Boynton Beach, FL 33426

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ARTICLE VI REGISTERED AGENT

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

Howard W. Needle
1500 Gateway Blvd, Suite 220
Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

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

Howard W. Needle
1500 Gateway Blvd, Suite 220
Boynton Beach, FL 33426

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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

X _____ 1/5/12
Signature/Registered Agent Date

X _____ 1/5/12
Signature/Incorporator Date