P12000017934

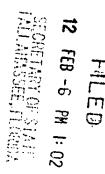
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W12-5016

Office Use Only



000219088270

01/25/12--01007--014 **78.75



COVER LETTER

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

SUBJECT:	Advanced Psych	niatric Solut ATE NAME - MUST INC	ions / home	
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: Stephen Rysu- Name (Printed or typed) 6150 Metroucst Blvd Ste 103 Address				
Orlando FL 32835 City, State & Zip				
(407) 462 6701 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				
NOTE: Please provide the original and one copy of the articles.				



January 26, 2012

STEPHEN RYAN 6150 METROWEST BLVD STE 103 ORLANDO, FL 32835

SUBJECT: ADVANCED PSYCHIATRIC SOLUTIONS, INCORPORATED

Ref. Number: W12000005016

We have received your document for ADVANCED PSYCHIATRIC SOLUTIONS, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 312A00002294

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I The name of the cor	NAME poration shall be: Advanced Payo	chiatric Solutions	> 1)12 1:02
ARTICLE II	PRINCIPAL OFFICE		CENTRE OF ATT OFFICE
	Principal street address	Mailin	SECRETARY OF STATE
6	150 Nitrount Blud		1 AMATANA SALL, PLUMBOA
<u> </u>	stc 103		
2	schools FL 32835		
ARTICLE III F	PURPOSE		
The purpose for wh	ich the corporation is organized is: Ensineure adequate financial daily operations.	and allegatives of	inpoles et ().
services. e	incore adequate financial	Sie Goran - pis	mand I susy strong budy
July at 1 al	dilly anothers	resources and	ensure legal and ethica
moderned of	deily operations.		•
ARTICLE IV S The number of share	SHARES to stock is: 1005 to be divide	d evenly beti	ween the two parties lists 50/50
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>ors</u>	
	le: Stephon Rynt, Martine Y		
Address:	6150 Metrowish Blid	Address:	
	SHC 103		
	Orlando FL 32835		
Name and Titl	le: Sajid Hafeez, Prisident	Name and Title:	
Address:	6150 Methoust Blid	Address:	
	5k103		
	016/40 FL 32-835		
Name and Tit		Name and Title:	
Address:	mark to the sales of the sales	Address:	
			
ARTICLE VI 1	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Stohn Rysus	o, or are registered agent is:	
Address:	2933 Azalen Rd		
	Apoka FL 32703		
	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Stephin Ryss		
Address:	2133 Azzles R.L.		
	Apopto P-31703		
	d as registered agent to accept service of pro familiar with and accept the appointment as		
			1-22-12
~	Required Signature/Registered Agent		\-2.2-\2_ Date
l submit this docun	nent and affirm that the facts stated herein		
	partment of State constitutes a third degree fe		
	\Rightarrow		1-22-12_
	Required Signature/Incorporator		Date