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COVER LETTER

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

SUBJECT: Emotional Sobriety Outpatient 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:

\$70.00 \$78.75
Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

ΩM·	Riguhey Andreu		
	Name (Printed or typed)		
	908 NE 16 Ave		
	Address		
	Fort lauderdale, FI 33304 City, State & Zip		
	Daytime Telephone number		
		riguheyandreu@comcast.net	
	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)

RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
O8 NE 16 Ave ort Lauderdale, FL 33304 PURPOSE a purpose for which the corporation is organized is: Upport to adults in recovery from a purpose of shares of stock is: PURPOSE a purpose for which the corporation is organized is: Upport to adults in recovery from a purpose of shares of stock is: PURPOSE TO Office PURPOSE PURPOSE TO Office PURPOSE TO Office PURPOSE TO Office PURPOSE PURP	er emtional and theraputic
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ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Riguhey Andreu		
Address:	908 NE 16 Ave	AG W	
	Fort Lauderdale, FI 33304	SSEF C	
ARTICLE VII	INCORPORATOR dress of the Incorporator is:	PH 1:46 E. FLORIDA	
	Riguhey Andreu		
Name: Address:	908 NE 16 Ave	·.	
Address.	Fort lauderdale, FL 33304	• •	
I submit this docs	Required Signature/Registered Agent	q/14/13 Date true. I am aware that the false information submitted in a	