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P. 001/003

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
SUPERIOR COUNSELING INC

Certificate of Status	0
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N. Culligan FEB 10 2016

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FAX No.

P. 002/003

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (P. 002)  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: SUPERIOR COUNSELING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

800 WEST AVENUE STE 602

MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

SHARES: 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA V. ALONSO (P)

Name and Title: \_\_\_\_\_

Address 800 WEST AVENUE STE 602

Address: \_\_\_\_\_

MIAMI BEACH, FL 33139

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: MARIA V. ALONSO  
Address: 800 WEST AVENUE STE 602  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MARIA V. ALONSO  
Address: 800 WEST AVENUE STE 602  
MIAMI BEACH, FL 33139

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Ⓢ \_\_\_\_\_ 02/04/2016  
Required Signature/Registered Agent 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 § 817.155, F.S.*

Ⓢ \_\_\_\_\_ 02/04/2016  
Required Signature/Incorporator Date