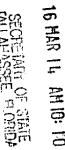
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COVER LETTER

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

SUBJECT:	eph C. W	atts Family Center & Research	Institute, Inc.			
		(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original	and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☐ \$70.6 Filing Fo	ee F	l \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	& Certificate o Status		
			ADDITIONAL CO)PY REQUIRED		
FROM:	Eshanda :	Eshanda James Nwamara Name (Printed or typed)				
	7798 Mordecai Court					
	Address					
	Jacksonville, FL 32210					
	City, State & Zip					
	904-704	8399				
	Daytime Telephone number					
	eshandajames.nwamara@gmail.com					
		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)

CLE II PRIN Mordecai Court	CIPAL OFFICE Principal street address		Mailing address, if different is:	
onville, FL 3221	0			
CLE III PURI	POSE the corporation is organized is:	ovide counseling and me	ediation services to families	
			TALE OF THE	
			\$7 -	
<u>CLE IV</u> SHAI	RES 100			
umber of shares o	f stock is: AL OFFICERS AND/OR DIRECTO Eshanda James Nyumara	PRS Name and Title	Anthony Ajuzieogu Nwamara	
	f stock is:		Anthony Ajuzieogu Nwamara 7798 Mordecai Court	
umber of shares of CLE V INIT. Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTO Eshanda James Nwamara 7798 Mordecai Court Jacksonville, FL 32210 Casandra Nicole James	Name and Title Address:	e: Anthony Ajuzieogu Nwamara 7798 Mordecai Court Jacksonville, FL 32210	
CLE V INITAL Name and Tite Address Name and Tite Name and Tite Address	f stock is: AL OFFICERS AND/OR DIRECTO le: Eshanda James Nwamara 7798 Mordecai Court Jacksonville, FL 32210 Casandra Nicole James 729 Shayne Street	Name and Title Address: Name and Title	e:Anthony Ajuzieogu Nwamara 2798 Mordecai Court Jacksonville, FL 32210	
CLE V INIT	f stock is: AL OFFICERS AND/OR DIRECTO Eshanda James Nwamara 7798 Mordecai Court Jacksonville, FL 32210 Casandra Nicole James 729 Shayne Street Brooksville, FL 34601	Name and Title Address: Name and Title Address:	e: Anthony Ajuzieogu Nwamara 7798 Mordecai Court Jacksonville, FL 32210	
Name and Titl Address Address	f stock is: AL OFFICERS AND/OR DIRECTO le: Eshanda James Nwamara 7798 Mordecai Court Jacksonville, FL 32210 Casandra Nicole James 729 Shayne Street	Name and Title Address: Name and Title Address:	e: Anthony Ajuzieogu Nwamara 7798 Mordecai Court Jacksonville, FL 32210	

Name a	nd Title:	Name and Title:	
Addres	s	_ Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Eshanda James Nwamara		
Address:	7798 Mordecai Court	_	
	Jacksonville, FL 32210	_	
ARTICLE VII	<u>INCORPORATOR</u>		16 P
The <u>name and a</u>	ddress of the Incorporator is:		TAR THE
Name: Address:	Eshanda James Nwamara	_	
	7798 Mordecai Court		AH IO:
	Jacksonville, FL 32210	- 	0. 10 10 10
Effective date, if (If an effective days after the fi	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot iling.) e inserted in this block does not meet the applicable	t be more than five business days p	
	effective date on the Department of State's records.	statetory ming requirements, this da	te will not be fisted as
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at gistered agent and agree to act in this	the place designated in scapacity
		02-2	4-2016
	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated befelt are Department of State constitutes a third degree felox	true. I am aware that the false info y as provided for in s.817.155, F.S.	rmation submitted in a
			2/24/110
Requ	ired Signature/Incorporator		Date /