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PARASEC

Division of Corporations

(916) 576-7000

P.O. Box 1003

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Uplift Counseling Center Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Uplift Counseling Center Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1951 Apopka Drive Middleburg FL 32068Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Counseling Services

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: James Urban, Director

Name and Title: _____

Address: 1951 Apopka Drive

Address: _____

Middleburg, FL 32068

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

Name: James Urban
Address: 1951 Apopka Drive
Middleburg, FL 32068

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: James Urban
Address: 1951 Apopka Drive
Middleburg, FL 32068

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 days prior or 90 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



Required Signature/Registered Agent

9/28/18

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 s.817.155, F.S.



Required Signature/Incorporator

9/28/18

Date