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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INI.

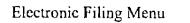
Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION KK BEHAVIORAL SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:	
KK behavioral services corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
15954BW 161 TORR	
miani Fl 133196	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Chaylen Fackeline son Cil	
(P)	
ADMICK CALL SANDY AT DECLEMENTS ACES AND CODE T ATIDDECC.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	:
Chaylene Jackeline San Gil	
15954 Sw 151 terr	Ì
2210	•
Miam, Fl 33146	•
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	<i>,</i>
"Ghaytene Jackeline San Gil	•
15954 Sw 151 terr	
Miami F1 33195	

Required Signatures:

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

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.