TRANSMITTAL LETTER

P95000040206

Decarment of State
Division of Corporations
P. O. Box 6327
Tallanassee, FL 32314

SUBJECT: Sarehit Corr Conter Inc.
(Proposed comoran name - muit include sumix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

STO.CO

\$78.75 Filing Fee & Caraficate

\$122.50

Filing Fee & Cartified Copy "\$131.25 Filing Fee, Cardied Copy & Cardicate

Additional Copy Required

FROM

Name (printed or typed)

ch. Ž.

8256 FOREST OAKS BLVD

Accress

SPRING HILL, FL. 34606

Cty, State & Zp

904-688-7294

Daytima Telephone number

DATE EXAMINATION OF THE PROPERTY OF

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95 HAY 22 PHA SECRETARSEE TALLAHASSEE

NOTE: Please provide the original and one copy of the at

المناشعة والمنتشقة



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby a ' n(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

SERENITY CARE CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8256 FOREST OAKS BLVD. SPRING HILL, FL. 34606

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANIELLE RILEY 7327 CENTERWOOD DR. SPRING HILL, FL. 34606

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

RAYMOND DUZINKEWYCZ 8256 FOREST OAKS BLVD. SPRING HILL, FL. 34606

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Raymond Durinkewyez

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORI') A STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	SERENITY CARE CENTERS, INC.
8,	256 Forest Oaks Brud
	pring H. 11, Fl. 34606

2. The name and address of the registered agent and office is:

DANIELLE CHER RILEY	4.0 9
(Name)	SECOND STATES
7327 CENTER COD DR.	22 F
(P.O. Box not acceptable)	SSP P TT
SPRING HILL, FL. 34606	The state of the s
(City/State/Zip)	OS LORIO
	<u>~</u>

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I briner agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

5/15/9:

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSET, FL