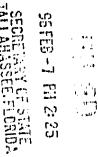


TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

(x) \$70.00

() \$78.75



EFARO BEHAVIORAL HEALTHCARE CENTER, INC. SUBJECT: (Proposed corporate name- must include suffix) OCOCITYON -02/07/96--01036--001 ******70.00 Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

() \$131.25

EMANUEL LATIMORE

Name (printed or typed)

1820 N.W. 172nd TERRACE

Address

MIAMI, FL 33056

City, State & Zip

(305) 758-5451

Daytime Telephone Number

() \$122.50

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EFARO BEHAVIORAL HEALTHCARE CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

1820 N.W. 172nd. TERRACE, MIAMI, FL 33056

ARTICLE III SHARES

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

10,000 SHARES in

1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMANUEL LATIMORE 1820 N.W. 172nd. TERRACE MIAMI, FL 33056

ARTICLE V INCORPORATOR(S)

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

EMANUEL LATIMORE 1820 N.W. 172nd. TERRACE MIAMI, FL 33056

The undersigned	incorporator(s) has(have)	executed these	Articles of	Incorporation this
SECOND	FEBRUARY			•
	_day of	<u>.</u> , 1996.		

Articles of Incorporation Filing Fee- \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGNED CORPORATION.	FLC 2:	B
). The name of the corporation is:	EFARO BEHAVIORAL HEALTHCARE CENTER; INC.	
2. The name and address of the reg	istered agent and office is: EMANUEL LATIMORE 1820 N.W. 172nd. TERRACE	
	(P.O. Box not acceptable) MIAMI, FL 33056	
	(City/ State/ Zip)	
he place designated in this certifica act in this capacity. I further agree to	tent and to accept service of process for the above stated corporation ate, I hereby accept the appointment as registered agent and agree to to comply with the provisions of all statutes relating to the proper and and I am familiar with and accept the obligations of my position as	
Email Lile (Signature)		