

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

0000001;	's Path Counseling Services, Inc.	•••
(P	oposed corporate name - must include suffix)	
-		100001797401 -03/08/9601085004 *****78.75 *****78.75
for:	and one (1) copy of the articles of incorporation	n and a check
\$70.00 Filing Fee	### \$78.75	B, Opy
FROM:	Graham Richards	
	Name (printed or typed)	_
	1975 E. Sunrise Blvd, Suite 511	
	Address	
	Fort Lauderdale, FL 33304	
	City, State & Zip	_
	(954) 761 1555	
	Daytime Telephone number	- 3-10-96
	•	

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

ARTICLES OF INCORPORATION

SECRET SEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Maria's Path Counseling Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7841 SW 152 Avenue
Suite # 2
Miami, FL 33193

ARTICLE III SHARES

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

One hundred shares. An increase in the number of shares of stock the corporation is authorized to have outstanding may be made at any time by resolution of the board of directors according to the by-laws.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Escobar Ospina 7841 SW 152 Avenue Suite # 2 Miami, FL 33193

ARTICLE V INCORPORATOR(S)

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

Maria Escobar Ospina 7841 sw 152 Avenue Suite # 2 Miami, FL 33193

ne undersigned	incorporator(s)) has(have) execute	d these Articles of Incorporation	on th
Sth	day of	Haveh	, 19 <u>96</u> .	
Uc	cena,	1-4 ecobo		
		Signature Signature		
		Signature		

Articles of Incorporation

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA 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:	Maria's	Poth	Counseling	Services,	Inc.
						_
2.	The name and address of the regi	stered ager	nt and o	office is:		
	Maria Escobar Osp	ina				
		(Name)			_ ≱	
	7841 SW 152 Avenu	e, Suite	# 2		LLLA SECS	e r
	(P.O.	Box not acc	eptable)			
	Miami, FL 33193				-8 SSEE	erann erann erann
		(City/State/Zip	o)		PH 1:35 OF STATE OF LORIDA	
Habithe the to ma	eving been named as registered agove stated corporation at the place appointment as registered agent comply with the provisions of all stance of my duties, and I am familiar registered agent.	ent and to a designated and agree t atutes relat with and ad	accept I in this o actin ing to t acept ti	service of proc s certificate, I h this capacity. the proper and the obligations o	ress for the nereby accept I further agre complete peri of my position	e for-)
4	(Signature)	<u></u>		2/5/96	,	_