# P960002888Y

## TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

3/18/96

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

> 400001759784 -03/27/36--01082--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy Filing Fee Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required FROM: Fort Dierce F1 34951
City, State & Zip (407) 466 - 140 4 Daytime Telephone number

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 Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I NAME

The name of the corporation shall be:

Detox Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5105 Deer RUN Drive Fort Pierce F1 34951

> ARTICLE III SHARES

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

1000

**ARTICLE IV** INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter GANNON 5105 Deer RUN Drive Fort Pierce, F1 34951

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Peter GANNON 5105 Deer Run Drive F+ Pierce, F1 34951

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

18th day of March , 19 96.

(An additional article must be added if an effective date is requested.)

\*\*Effetive Onte: March 18, 1986

Peter Sannan Signature

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Detox Consultano	S, Inc.
2.	The name and address of the regis	tered agent and office is:	<del></del>
	- Pe+	(NAME)	1400 B. H. B. F.
	(P.O. Bo	x or Mail Drop Box NOT ACCEPTABLE)	27 EU
	FORT	PIECE F/ 3495/ (CITY/STATE/ZIP)	FL 671074

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 further 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) 3/18/56
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314