

P96000055087

TRANSMITTAL LETTER

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

SUBJECT: Child and Family Therapeutic Counseling Center, Inc.
(Proposed corporate name - must include suffix)

200001864982
-06/18/96--01066--013
****122.50 ****122.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

AGNES M. ROSSI
Name (printed or typed)

9742 VIA EMILIE
Address

BOCA RATON, FL 33428
City, State & Zip

561
402-477-8424
Daytime Telephone number

FILED
96 JUN 27 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

GB 6/28/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

FILED

96 JUN 27 AM 11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

June 19, 1996

AGNES M. ROSSI
9742 VIA EMILIE
BOCA RATON, FL 33428

SUBJECT: CHILD AND FAMILY THERAPEUTIC COUNSELING CENTER, INC.
Ref. Number: W96000012998

We have received your document for CHILD AND FAMILY THERAPEUTIC COUNSELING CENTER, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 696A00030379

ARTICLES OF INCORPORATION

FILED

96 JUN 27 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Child and Family Therapeutic Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*9742 Via Emilia
Boca Raton, FL 33428*

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Agnes M. Rossi
9742 Via Emilia
Boca Raton, FL 33428*

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):

Agnes M. Rossi
9742 Via Emilie
Boca Raton, FL 33428

Donna M. Ross
18639 Anchor Dr.
Boca Raton, FL 33498

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

11th day of June, 19 96.

Signature

Donna M. Ross

Signature

Agnes M. Rossi

Signature

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: Child and Family Therapeutic
Counseling Center, Inc.

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

Agnes M. Rossi
(NAME)
9742 VIA EMILIE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
BOCA RATON, FL 33428
(CITY/STATE/ZIP)

96 JUN 27 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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)

June 11, 1996
(DATE)

P96000055087

Requestor's Name

Agnes Ross
9742 Via Indio
Boca Raton, FL 33428-2911

City/State/Zip

Phone #

561-477-8424

Office Use Only

APPROVED
AND
FILED
56 AUG - 8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

200001917262
-08/09/96--01006--0002
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Amend

VS AUG 14 1996

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

APPROVED
AND
FILED
96 AUG -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

196000055087

CHILD AND FAMILY THERAPEUTIC COUNSELING CENTER, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE III SHARES

THE number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 with a par value of one dollar per share.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: 8-5-96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 8th day of August, 19 96

Signature

Don M. Rossi, President

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

AGNES M. ROSSI

Typed or printed name

PRESIDENT

Title