

96000086508

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

RE: St. Anthony Counseling
Center OSA/Adm., Inc.

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service
To us via _____ Return via _____
Matter No.: _____ Express Mail No. _____
State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 Filing		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

SUBTOTALS _____

EFFECTIVE DATE
OCT 18 1996

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
ME Can CK No. _____

ALK-IN 10/21 12:00
Pick Up

AB 10/21

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days 18% per Annum

THANK YOU
from
Your Capital Connection

CONSENT TO USE OF CORPORATE NAME

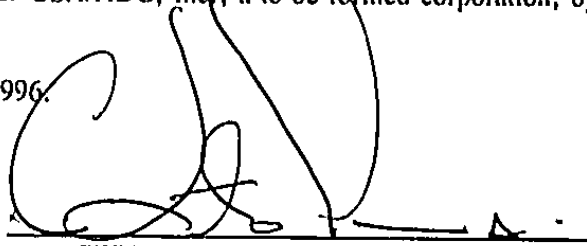
Secretary of State
Division of Corporations
The Capitol
Tallahassee, Florida 32301

Re: St. Anthony Counseling Center OSA/ADC, Inc.

Dear Sirs:

The undersigned, as President of St. Anthony Counseling Center, Inc. (the "Corporation"), a Florida corporation, is duly authorized, on behalf of the Corporation to consent to the use of the name of St. Anthony Counseling Center OSA/ADC, Inc., a to be formed corporation, by its incorporator, Fred K. Lickstein.

DATED this 15 day of October, 1996.


CESAR MENA

SWORN TO AND SUBSCRIBED before me this 15 day of October, 1996 by Cesar Mena, ☒ who is personally known to me or ☐ who has produced _____ as identification.



Notary Public, STATE OF FLORIDA

Print Name: Reina Rodriguez

My Commission Expires: Feb. 9, 1997

EFFECTIVE DATE
OCT 18 1996

FILED
96 OCT 21 AM 10:36
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ST. ANTHONY COUNSELING CENTER OSA/ADC, INC.

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation is ST. ANTHONY COUNSELING CENTER OSA/ADC, INC.

ARTICLE II

The maximum number of shares of stock which the corporation is authorized to issue and have outstanding at any one time is 10,000 shares of common stock having a par value of \$.01 per share.

ARTICLE III

The existence of the corporation shall be perpetual. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

ARTICLE IV

The street address of the initial registered office of the corporation is 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 and the initial registered agent of the corporation at that address is Fred K. Lickstein.

ARTICLE V

The mailing address of the corporation is located at 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134.

ARTICLE VI

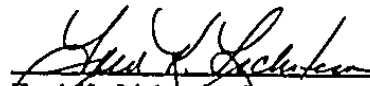
The name and street address of each incorporator signing these articles is:

<u>Name</u>	<u>Address</u>
Fred K. Lickstein	201 Alhambra Circle, #1200 Coral Gables, FL 33134

ARTICLE VII

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

EXECUTED at Miami, Florida, this 18 day of Oct, 1996.



Fred K. Lickstein, Incorporator

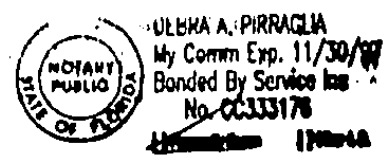
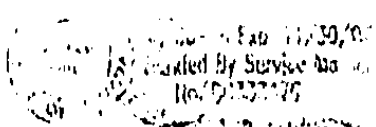
STATE OF FLORIDA)
) :ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 28 day of October, 1996 by Fred K. Lickstein, he who is personally known to me or ☐ who has produced _____ as identification.

Debra Pirraglia
Notary Public, STATE OF FLORIDA

Print Name: DEBRA PIRRAGLIA

My Commission Expires:



CERTIFICATE DESIGNATING RESIDENT AGENT
AND REGISTERED OFFICE

FILED
OCT 21 AM 10:36
TALLAHASSEE, FLORIDA

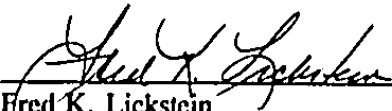
In accordance with Chapter 48.091, Florida Statutes, the following designation and acceptance is submitted in compliance thereof.

DESIGNATION

ST. ANTHONY COUNSELING CENTER OSA/ADC, INC., desiring to organize under the laws of the State of Florida, hereby designates Fred K. Lickstein its registered agent and 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 as its registered office.

ACCEPTANCE

Having been named as registered agent for the above named corporation, I hereby agree to act in such capacity for such corporation at its registered office.



Fred K. Lickstein
(Registered Agent)