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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

700002007527--4 -11/19/96--01030--018 *****78.75 ******78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **□\$**122.50 **\$131.25** Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION

FILED

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

ARTICLE I NAME

The name of the corporation shall be:

Caring Counseling Connection, Inc.

ARTICLE II PRINCIPAL OFFICE

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

The mailing address is P.O.Box 2716, Jupiter, FL 33468-2716

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $f(t) = t^{-1} + t^{-1} = t^{-1} + t^{-1} = t^{-$

incorporators. None are outstanding.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Dana Tenenbaum 801 Seafarer Circle #303 Jupiter, FL 33477

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): Dana Tenenbaum 801 Seafarer Circle #303 Jupiter, FL 33477 Diana Marren 1337 Brampton Cove Wellington, FL 33414 The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13th day of November, 1996 (An additional article must be added if an effective date is requested.) Signature

Notarization is not required

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:	Caring Counseling Connec	tion, Inc.
2. The name and address of the registered agent and office is:		96 NOV 18
	na lenenbaum (Name) eafarer Circle #303 Box of Mail Drop Box NOT ACCEPTABLE)	AM 9: 23 OF STATE E. FLORIDA
Jupi	ter, FL 33477	

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) 11/13/96