TRANSMITTAL LETTER

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

OBACHAN PSYCHOLOGICAL SERVICES INC SUBJECT: (Proposed corporate name - must include suffix)

700002063747---S -01/22/97--01021--002 ****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 **XX**\$122.50

\$131.25 Filing Fee & Certified Copy

Filing Fee, **Certified Copy**

& Certificate

ADDITIONAL COPY REQUIRED

LAURA DE LA NUEZ

Name (Printed or typed)

5681 SW 58TH COURT.

Address

MIAMI, FL 33143

City, State & Zip

(305) 663-5407

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:

OBACHAN PSYCHOLOGICAL SERVICES INC.

SECRETARY OF STATIONS
DIVISION OF AH 10: 08

ARTICLE II PRINCIPAL OFFICE

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

5600 SW 135 AVE SUITE 110 MIAMI, FL 33183

ARTICLE III SHARES

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

100 SHARES AT \$1.00 EACH

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

LAURA DE LA NUEZ 5600 SW 135 AVE, SUITE 110 MIAMI, FL 33183

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):

LAURA DE LA NUEZ 5681 SW 58TH COURT MIAMI, FL 33143

The undersigned	incorporator(s) has(l	have) executed these Articles of Incorporation th
15 day of .	JANUARY	, 19 <u>97</u> .
(An additional arti	icle must be added i	f an effective date is requested.)
•	Saun	ade la Jug 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:	OBACHAN PSICHOLOGICAL	SERVICES INC.
The name and address of the regis	stered agent and office is:	
		9. S
LAURA DE	LA NUEZ	I JA
	(NAME)	JAN 21
	35 AVE, SUITE 110	A CORPE
(P.O. Bo	ox or Mail Drop Box NOT ACCEPTABLE)	110 STA
MIAMI, FI	33183	AN 10: 08
	(CITY/STATE/ZIP)	
Having been named as registered of corporation at the place designated is agent and agree to act in this capacite platting to the proper and complete pobligations of my position as register	in this certificate, I hereby accept the ity. I further agree to comply with th performance of my duties, and I am fa	appointment as registered
Sawadel / fu))	15/97

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