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GARY O. BROCKWAY

ATTORNEY AT LAW 1210 HAWTHORNE HOUSTON, TEXAS 77006

OFFICE: (713) 522-5058 FAX: (713) 522-8992

May 13, 1997



RE: Incorporation of Unlimited Abilities of Florida, Inc.

Florida Dept. of State Division of Corporations 409 E. Gaines St. Tallahassee, Florida 32399

900002177919--5 -05/14/97--01034--005 *****70.00 ******70.00

Dear Sirs:

Enclosed please find articles of incorporation for the above referenced corporation, and a check in the amount of \$70.00. Please process this in your normal fashion and return the acknowledgement to me.

If you have any questions or need any additional information, please give me a call.

Truly yours,

Gary O Brockway

W97 29130

MAY 2 9 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 16, 1997

GARY O BROCKWAY ESQUIRE 1210 HAWTHORNE HOUSTON, TX 77006

SUBJECT: UNLIMITED ABILITIES OF FLORIDA, INC.

Ref. Number: W97000011496



We have received your document for UNLIMITED ABILITIES OF FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 397A00026523

ARTICLES OF INCORPORATION

OF

UNLIMITED ABILITIES OF FLORIDA, INC.

The undersigned natural person of the age of eighteen (18) years or more, acting as incorporator of a corporation under Florida Statutes, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is Unlimited Abilities of Florida, Inc.

ARTICLE II

The period of duration is perpetual.

ARTICLE III

The purpose for which the corporation is organized is to provide certain levels of care for children with mental health problems in Florida.

ARTICLE IV

The aggregate number of shares which the Corporation shall have authority to issue is 10,000. The shares shall have par value of \$1.00. Shareholders shall have no preemptive rights to purchase additional shares.

ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of ONE THOUSAND AND NO/100 (\$1,000.00) DOLLARS consisting of money, labor done or property actually received.

ARTICLE VI

The street address of its registered and principal office is: 8639 North Himes Ave., #3117, Tampa, FL 33614.

The name of its initial registered agent at such address is:

.. 'Pamela Renee Simon.

ARTICLE VII

The number of directors of the Corporation initially is one (1).

The names and addresses of the person(s) who will serve as Director(s) until the first annual meeting of the Shareholders or until their successors are elected and qualified are:

Juanita Taylor, 4711 Brooklawn Dr, Houston, TX 77066

ARTICLE VIII

The name and address of the incorporator is: Gary 0. Brockway, 1210 Hawthorne, Houston, Texas 77006.)

IN WITNESS WHEREOF, I have executed these Articles of Incorporation on May 27, 1997.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Unlimited Abilities INC.	of Florida
2.	The name and address of the registered agent and office is: Paniel a Revee Simon (Name) Slad 9 North Hines Are #3/17 (P.O. Eox NOT acceptable) Tampa, FL 336/4 (City/State/Zip)	97 MAY 27 PM 1: 14 SELICITATION STANDA TALLAHASSEE, FLORDA

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

DATE