

FILED

TRANSMITTAL LETTER

97 JUN -9 PM 2: 21

STATEMENT OF STATE
TALLAHASSEE, FLORIDA

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

500002200315--P
-005/007/008--01154--016
*****75.75 *****75.75

SUBJECT: Family Solutions, Inc.
(Proposed corporate name - must include suffix)

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

FROM:

Grace Nelson Childs
Name (printed or typed)

Name (printed or typed)

7462 Hazelwood Circle

Address

Lake Worth, Fla. 33467-6715

City, State & Zip

561-373-6440

Daytime Telephone number

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

9/16 6-10-97

ARTICLES OF INCORPORATION

FILED
97 JUN -9 PM 2:21
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:

Family Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7482 Hazelwood Circle
Lake Worth, Fla. 33467-6715

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Grace N. Childs
7482 Hazelwood Circle
Lake Worth, Fla. 33467-6715

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Grace N. Childs
7482 Hazelwood Circle
Lake Worth, Fla. 33467-6715

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

4th day of June, 1997.

Grace N. Childs
Signature

Signature

Signature _____

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Family Solutions, Inc.

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

Grace N. Childs
(Name)

7482 Hazelwood Circle
(P.O. Box not acceptable)

Lake Worth, Fl. 33467-6715
(City/State/Zip)

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.

Grace N. Childs
(Signature)

6/4/97
(Date)