

P97000086908

Articles of Incorporation

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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-10/06/97--01075--014
*****70.00 *****70.00

SUBJECT: Coppola Counseling, Inc.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00.

FROM:

Name (Printed or typed)	Robert N. Bedford
Address	PO Box 48295
City, State & Zip	St Petersburg FL 33743
Telephone	813-550-0641

FILED
97 OCT -6 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dmc
10-8-97

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

FILED

97 OCT -6 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF
COPPOLA COUNSELING, INC.**

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation.:

ARTICLE I - NAME

Name of Corporation
Coppola Counseling, Inc.

ARTICLE II - REGISTERED OFFICE AND AGENT

Name and Address of Resident Agent
Robert N. Bedford, 25 Second Street N, St Petersburg FL 33701
Street Address of Principal Office
656 NE Wax Myrtle Way, Jensen Beach FL 34957

ARTICLE III - AUTHORIZED SHARES

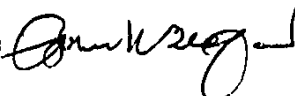
Number of shares: 10,000 shares
If there is more than one class of shares, shares with rights and preferences, list such information on "Exhibit A."

ARTICLE IV - INCORPORATORS

The name(s) and Addresses) of the incorporator(s) of the corporation:

NAME	NUMBER AND STREET	CITY	STATE	ZIP CODE
Robert N. Bedford	25 2 nd St N	St Petersburg	FL	33701

In Witness Whereof, the undersigned being all the incorporators of said corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true, this 15th day of September, 1997.

Signature 	Printed Name Robert N. Bedford
Signature	Printed Name
Signature	Printed Name

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

FILED

97 OCT -6 AM 11:58

SECRET
TALLAHASSEE
STATE
FLORIDA

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:
Coppola Counseling, Inc.
2. The name and address of the registered agent and office is:

(Name) Robert N. Bedford

(P.O. Box NOT Acceptable) 25 2nd St North, Suite 202

(City/State/Zip) St Petersburg FL 33701

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: 15th Sept 1997

REGISTERED AGENT FILING FEE: \$35.00

Division of Corporations, PO Box 6327, Tallahassee, FL 32314