

P970000087892

TRANSMITTAL LETTER

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

SUBJECT: THE FAMILY CENTER OF CORAL SPRINGS, INC.
(Proposed corporate name - must include suffix)

400002317164--4
-10/10/97--01041--002
*****78.75 *****78.75

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

ADDITIONAL COPY REQUIRED

FROM: Les M. Gordon
Name (Printed or typed)

1999 University DR # 200
Address

Coral Springs FL 33071
City, State & Zip

954-755-9855
Daytime Telephone number

FILED
97 OCT 10 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. McKnight OCT 13 1997

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE FAMILY CENTER OF CORAL SPRINGS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1999 UNIVERSITY DR. Suite 200
CORAL SPRINGS, FL 33071

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

LES M. GORDON
1999 UNIVERSITY DR. Suite 200
CORAL SPRINGS, FL 33071

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LES M. GORDON
1999 UNIVERSITY DR Suite 200
CORAL SPRINGS, FL 33071



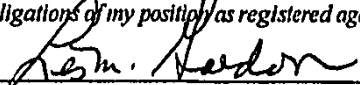
Signature/Incorporator

10-7-97

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

10-7-97

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT 10 AM 7:30

FILED