## P97000098626

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - mest include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for \*\* 131.25 = \*\*\*\* 131.25 \$131.25 □\$122.50 \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) State & Zip

AN 11-19-97

## 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:

MENTAL HEALTH TECH, INC.

PRINCIPAL OFFICE ARTICLE II

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

214 S.E. 13 STREET, Fr. Laudenonte

SHARES ARTICLE III

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

THOUSAND (1,000)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

Jogen B. Green
214 S.F. 13 smeer
Fr. Loudenoods, Fla. 23316

## 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):

Rogen B. Green 214 S.E. 13 Smeer for Lanconvole, Fla. 33316

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

12 day of November, 1997

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

Signature

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION 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:	200
2.	The name and address of the registered agent and office is:    SECRETARY OF STATE     NOV 17 PH 2: H7   (Name)     STREET     (Street address - P. O. Box or Mail Drop Box NOT acceptable)	

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.

(Date)

(Signaturé)