Argemeral period 464 Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 he New You counseling Center (Proposed corporate name - must include suffix) SUBJECT: 500002533585 -01088---001 \*\*\*\*\*78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : Filing Fee & Certificate \$131.25 **\$122.50** \$70.00 Filing Fee & Certified Copy Filing Fee, Filing Fee Certified Copy & Certificate ADDITIONAL COPY REQUIRED CARLA MARTILOTTI Name (Printed or typed) FROM: 6296 N.W. 186th ST., #107-E Address 38 MAY 22 AM Miami Lakes, FLA. City, State & Zip 362-9 m Daytime Telephone number ,

NOTE: Please provide the original and one copy of the articles. 44-52

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 The name of the corporation shall be: The New You courseling Center ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Ponce de Leon BLUD., SLITE 330, CORAL GABLES, FLORIDA 33134 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (one hundred) **INITIAL REGISTERED AGENT AND STREET ADDRESS** ARTICLE IV The name and Florida street address of the initial registered agent are: MartiLotri - 6296 N.W. 18675 STREET, #107E, Migmi Lakes, FLA. 33015 CARLA <u>ARTICLE V</u> INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: A MARTILOTTI - 6286 N.W. 186th STREET, MIAMI CORES, FLA. 33015 CORLA Signature/Incorporator (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