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TRANSMITTAL LETTER

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

500002616425---6 -08/14/98--01061--018 ****122.50 ****122.50

SUBJECT: New Visions Counseling Center Inc.
(Proposed corporate name - must include suffix)

Enclosed is an	original and on	e(1) copy of the	articles o	f incorporation and a	check for			
☐ \$70 Filing l		\$78.75 Filing Fee & Certificate		■\$122.50 Filing Fee & Certified Copy			- 8	
				ADDITIONAL CO	PY REQ	UIREL		
FROM		nes Mi Name (SSI typed) Emilie		SECRETARY OF ST	98 AUG 21 PM 12:	
l Jak	Boc	a Rate	On] y, State &	<u>=/ 3342</u> zip	8	JF STATE FLORIDA	*****	
1941	(5)	701) 41	ソツー	8424				

Daytime Telephone number

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:

New Visions Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

215 North Federal Highway Suite 5 Boca Roston, FL 33432

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number of shares of Stock that this corporation
is authorized to have outstanding at any one time
is: 500 with a parvalue of one dollar pershare

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Agnes MRossi 9742 Via Emilie Boca Raton, FL 33428

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):

Agnes M. Rossi 9742 Via Emile Boca Raton, FL 33428

Boca Raton, FL 33428

Hewther Gendler 4143 N.W. 90th Ave #105

Coral Springs, FL 33065

Tracey Pribisco 70/7 Davit Dri

Lake Worth, FL 33467

JoAnn Nelson 1558 Easthumpton Circle Wellington, FC 33414

Antony Chatham 1324 12th Fairway. Wellington, FL 33414

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

10 th day of <u>Jugust</u>, 19 <u>98</u>.

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

Signature

Signature

Signature

Notarization is not required

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

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

98 AUG 21 PM 12: 11 SECRETARY OF STATE

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 New Visions Counseling Center, Inc.
2.	The name and address of the registered agent and office is:
	Agnes Mi Rossi
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	Boca Raton, FL 33428 (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.

(SIGNATURE) 8/10/98 (DATE)