TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee Filing Fee

& Certificate

- \$122.50 Filing Fee
- **\$131.25**
- & Certified Copy
- Filing Fee, Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

407- 957-6757 Daytime Telephone number

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

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

ARTICLE I NAME

The name of the corporation shall be: National Association of Sexual Abuse Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3501 West Vine Street, Suite 266, Kissimmee, FL 34741

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500,000 shares at par value of \$1.00 dollar.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: David E. Bogert, 3501 West Vine Street, Suite 266, Kissimmee, FL 34741

ARTICLE V INCORPORATORS

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

Joyce Wells

323 Lakeshore Blvd., St. Cloud, FL 34769

7/10/98

Signature/Incorporator Date

4831 Foxrun, Lakeland, FL 33813

PROPERTY OF STATES

Signature/Incorporator Date

Signature/Incorporator Date

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 Date