Division of Gornorations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)541-3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

CESAR B. INCERA, M.PSY., P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

QF

CESAR B. INCERA, M.Psy., PA.

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:

CESAR B. INCERA, M.Psy., PA.

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ARTICLE II PRINCIPAL OFFICE

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

4960 S.W. 72nd. AVENUE, SUITE 4960 MIAMI, FLORIDA 33135

ARTICLE III CAPITAL STOCK

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

500 SHARES- Par Value each share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CESAR B. INCERA 581 N.W. 107 AVENUE, Apt. 202

MIAMI, FLORIDA 33172

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

CESAR B. INCERA
581 N.W. 107 AVENUE, Apt. 202
MIAMI, FLORIDA 33172

ARTICLE VI PURPOSE

The purpose of this corporation shall be:

Mental Health Counseling.

day of	and the second s
•	Signature/Title DIRECTOR, PRESIDENT
	Signature/Title
	\$ignature/Title
STATE OF FLORIDA	
COUNTY OF DADE	
	was acknowledged and sworn to before ember. 1999 by <u>Cosop B Inder</u>

H99000032640 NOTARY PUBLIC.

Jacqueline Jorge

All My Commission CC**2433

Expires September 3, <002

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

	CO1 44 B4 .4 B4	(NAME)		
	581 N.W. 107 AVENUE, Apt. 202 (P.O. BOX NOT ACCEPTABLE) MIAMI, FLORIDA 33172			
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	((CITY/STATE/ZIP)		
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5 }			/	
 			evar/m.	
<u> </u>	= had - CO T (27)	SIGNATI	(corporate officer)	
	The second of th	TITLE	DIRECTOR/PRESIDENT	
ا <u>م</u> الحاد	Tomas d			
1/0	inema of a	DATE	12/21/99	

305 541 3770 P.04/04

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