TRANSMITTAL LETTER 0 2 0 0 0 0 0 5 3 4 3

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

	imbryanna Fai (PROPOSED CORPORA) Embryanna Fai		-01/11/0201040011 +****78.75 *****78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Kimbryanna Family Care Center, Corp Name (Printed or typed)				
10036 Fan St Address				
Orlando FL 32825 City, State & Zip				
4077879793				

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

Daytime Telephone number



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
Kimbryanna Family Care center,	Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
10036 Ian St orlando FL 32825	
mailing address: P.O Box 780486 Orland ARTICLE III PURPOSE The purpose for which the corporation is organized is:	do FL 32878
Any and All Lawfull Business	
ARTICLE IV SHARES The number of shares of stock is:	SECF TALLI 02
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Maxi Arias 10036 Jan St Orlando FL 32825	SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Katia Del Aguila 10036 Ian St Orlando FL 32825	•
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
maxi Arias 10036 Ian St orlando FL 32825	-
**************************************	poration at the place designated in this
Water Del Suila	17/2/1/1
Signature/Registered Agent	Date /
Signature/Incorporator	Date