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Florida Department of State
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To:

Division of Corporations
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Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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FLORIDA PROFIT/NON PROFIT CORPORATION

CURE CARE GROUP INC.

Certificate of Status	1
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J. Shivers JAN 22 2007

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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:
CURE CARE GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
3900 NW 79TH AVE SUITE 461
DORAL, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
TAMARA CUNA (PRESIDENT/DIRECTOR)
3900 NW 79TH AVE SUITE 461
DORAL, FL 33186

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
TAMARA CUNA
3900 NW 79TH AVE SUITE 461
DORAL, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
TAMARA CUNA
3900 NW 79TH AVE SUITE 461
DORAL, FL 33186

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x T. Cuna _____ 01/18/2007
Signature/Registered Agent Date

x T. Cuna _____ 01/18/2007
Signature/Incorporator Date

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