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# Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : XIOMARA LEE, P.A. Account Number : 120040000008

Phone : (305)262-2323
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# FLORIDA PROFIT/NON PROFIT CORPORATION

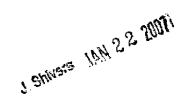
CURE CARE GROUP INC.

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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 33166

#### 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 33166

#### 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 33166

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAMARA CUNA 3900 NW 79TH AVE SUITE 461 DORAL, FL 33166

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Having	heen named as registered agent to accept service of process for the above stated corporation at the place designated in this
certifics	te. I am familiar with and accept the appointment or registered agent and gover to not in this connects.

Signature/Registered Agent Date

O1/18/2007

Signature/Incorporator Date

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