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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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J. Shivers JUL 02 2010

COVER LETTER

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

SUBJECT: KLEP HOME THERAPY SERVICES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Karina Nieto Antonione

Name (Printed or typed)

709 Bald Cypress Rd

Address

Weston, FL 33327

City, State & Zip

312-907-0622

Daytime Telephone number

pantonione@sbcglobal.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

KLEP HOME THERAPY SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

709 Bald Cypress Rd

Weston, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide at Home Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Karina Nieto 709 Bald Cypress President
Antonione Rd, Weston FL
33327

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Karina Nieto Antonione

709 Bald Cypress Rd, Weston FL 33327

ARTICLE VII INCORPORATOR

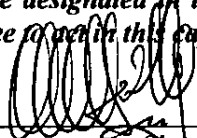
The name and address of the Incorporator is:

Karina Nieto Antonione

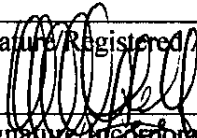
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

6/23/10

Date

6/23/10

Date