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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
K & R THERAPY INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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May 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: K & R THERAPY INC.
REF: W11000026147

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

K & R THERAPY INC.

ARTICLE II - PRINCIPAL OFFICE

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

203 SW 159 WAY
SUNRISE FL 33326

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANDRES BRAVO
203 SW 159 WAY
SUNRISE FL 33326

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

ANDRES BRAVO
203 SW 159 way
SUNRISE FL 33326

The undersigned incorporator has executed these Articles of Incorporation this

10 day of May 2011.



Signature

ARTICLE VI- DIRECTOR (S)


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

ANDRES BRAVO (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

-/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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