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. (Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Úse Onl	v



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COVER LETTER

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

SUBJECT: _	KC Therapy, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Kristen Schipani
	Name (Printed or typed)
_	14846 7th Ave East
	Address
_	Bradenton FL 34212
-	City, State & Zip
	941-799-1867
_	Daytime Telephone number
_	MSSpeech 1@ yahoo, com
	E-mail address: (to be used for future annual report notification)

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)

Mailing address, if different is: TALL CONTINUE
ame and Title:
registered agent is:
The effective date of the Articles
LAISE ATT SALES
The effective date of the Articles
11-41-01 21 holfmagenni
13 10 1 11
the above stated corporation at the place designated
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10- 11/- 11
Date
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provided for in s.817.155, F.S.
10-14-11