712000050329

(Red	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	,			

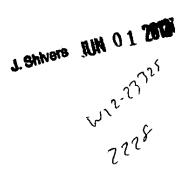
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2012

KAREN STEIN 101 PLAZA REAL S #412 BOCA RATON, FL 33432

SUBJECT: REMEDIES AND CURES INC

Ref. Number: W12000023325

We have received your document for REMEDIES AND CURES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 812A00012890

COVER LETTER

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

SUBJECT: Remedies and	TE NAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Karen S-	TelN Printed or typed)
101 Plaza	Real South #412
BOCA RATA	
561 - 213 -	tate & Zip Sephone number AN COM
	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)

ARTICLE I No.	AME . Rem	edies and	Cures In	c
ARTICLE II P	RINCIPAL OFFICE			
	Principal street address I Plaza Potac Social Patron, Fl. 3	<u> </u>	Mailing address, if	different is:
	RPOSE 1 the corporation is organized is SIONAL CAP W PUDDUCT			
ARTICLE IV S. The number of shares	IARES of stock is:			
	HOLD PROCESS AND/OR Koven Stein Pres 101 Pleza Row Sout Boca Patron, Fl	Name and	Title: Robert St. 101 Plaza R. Barra	en Tresurer par South Hyp FI 33432
	Robert Stein VI 101 Plaza Roul Sais Boca Paton, Fl 3	HI# 412 Address:	Title:	
Name and Title Address:	Karen Stein See 101 Ploza Poor Sni Boca Caton Fl	Name and Address:	Title:	
	CGISTERED AGENT 1 street address (P.O. Box NOT Koren Stein 101 Pluza Romi S Boca Rafon, Fl		-	ZOIZ HAY 3 I
	CORPORATOR s of the Incorporator is: Tobort Stan TOBORT REAL FOCA LISTON, F	508h 4412 1 3343 Z	r i rake D	AM 9: 09
	s registered agent to accept ser miliar with and accept the appo			
X aren	Required Signature/Register	red Agent		4/21/12
	at and affirm that the facts statement of State constitutes a thirt	ed herein are true. I am a		

Required Signature/Incorporator