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(((H15000297160 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number: I20000000019 : (305)552-5973 Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION GOLDEN THERAPY GROUP INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) H 1 5 0 0 0 2	97160
ARTICLE I NAME: The name of the corporation is: COOCEN Therapy Group Inc. ARTICLE II PRINCIPAL OFFICE:	
The principal street address and malling address is: 7221 Corl Way Miani Fla 33155	JA 51 NAISIONE SECRE
ARTICLE III SHARES: The number of shares of stock is:	TARY OF ST
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	ATIONS .
ANGela Renez (S)	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ANGELA PERCE	
7221 GOREL Way Miami FL 33155	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Angela Perez The name and address of the Incorporator is:	
Miami FL 33155	

H15000297160

Required Signatures:

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

Registered Agent

12/16/2015 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

In orporator

12/16/2015 Date

15 DEC 15 MM 0. 15