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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
THERAP KIDS SLP INC

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Therap Kids SLP Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

Ph: 30054 SW 158th Court Homestead, FL 33033

Mailing: PO Box 824636 Pembroke Pines, FL 33082-4636

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Enid Maite Santiago Marrero

(P)

ALL AMENDED STATE
FALL AMENDED STATE
FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Enid Maite Santiago Marrero
30054 SW 158th Homestead FL 33033

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Enid Maite Santiago Marrero
30054 SW 158th Homestead FL 33033

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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

E. Harte Steg.
Registered Agent

8.29.2016
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.

E. Harte Steg.
Incorporator

8.29.2016
Date

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TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

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