Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the	email a	address	for thi	s business	entity	to be	used	for fi	itune.
annual	report	mailin	gs. Ente	r only on	e email	addres:	s plea	ase.**	
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FLORIDA PROFIT/NON PROFIT CORPORATION THERAPY BY KC 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 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Therapy by KC Inc.		
ARTICLE II PRINCIPAL OFFICE:		•
The principal street address and mailing address is:		
Halean Gardens FL 33018		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: KAtherine Cruz-P		
RATHERINE CIUE-T PO	2017	
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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:		
Katherine Cruz		
9002 NW 113 ST		
Higleah Gardens FL 33018		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
katherine Cruz		
4007 NW 113 ST		
Thinlanh Gamens FL 33018		

FILED

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SET WHASSEE FLORIDA

Required Signatures:

43.134

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

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.

Date