

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000143464 3)))



H230001434643ABC.

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**KIDS DREAM THERAPY INC**

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

RECEIVED

2023 APR 17 PM 4:53

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 ELECTRONIC FILING SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

23 APR 17 PM 12:35

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Kids dream Therapy inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

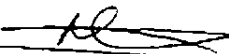
229 W 31 STHiawah FL 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Marlen Cervera(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Marlen Cervera229 W 31 STHiawah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Marlen Cervera229 W 31 STHiawah FL 33012FILED  
23 APR 17 PM 12:35  
STATE OF FLORIDA  
TALLAHASSEE  
CLERK OF THE CIRCUIT COURT

**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\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

FILED  
23 APR 17 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA