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To: Division of Corporations
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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
WII CARE KIDS THERAPY 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:WIT Care Kids Therapy Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13595 S.W. 134 Ave.MIAMI, FL 33186Suite 204**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Avilette Breto-Gonzalez (PI)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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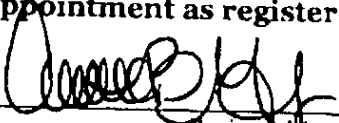
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Avilette Breto-Gonzalez13595 S.W. 134 Ave., Suite 204MIAMI, FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Avilette Breto-Gonzalez13595 S.W. 134 Ave., Suite 204MIAMI, FL 33186

Required Signatures:

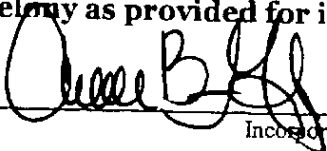
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Date

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