

Florida Department of State  
 Division of Corporations  
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PZ300049258

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 WII CARE KIDS THERAPY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$78.75</b>

RECEIVED

2023 JUN 26 PM 4:45

CORPORATIONS  
 COMMERCIAL  
 SERVICES

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

WII Care Kids Therapy Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13595 S.W. 134 Ave.  
MIAMI, FL 33186  
Suite 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:

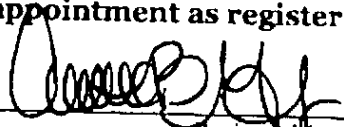
Avilette Breto-Gonzalez  
13595 S.W. 134 Ave., Suite 204  
Miami, FL 33186

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

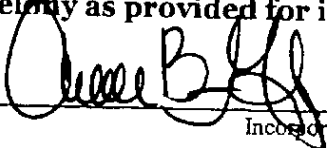
Avilette Breto-Gonzalez  
13595 S.W. 134 Ave., Suite 204  
Miami, FL 33186

**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 \_\_\_\_\_ Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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