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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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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 SECRETARY OF STATE
 FLORIDA
 BUSINESS SERVICES

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
COSMIC CARE THERAPY INC

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

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FLORIDA
 BUSINESS SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Cosmic Care Therapy
Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7884 NW 191 ST Hialeah
FL 33015

SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Edonny Monegro (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Edonny Monegro
7884 NW 191 ST Hialeah FL
33015

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

Edonny Monegro
7884 NW 191 ST Hialeah FL
33015

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

Eltonny Monego Registered Agent to act in this capacity

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.

Ederry Monroe
Incorporator