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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
COSMIC CARE THERAPY INC**

Certificate of Status	0
Certified Copy	1
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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**ARTICLE III SHARES:** The number of shares of stock is: 1000**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
33015SECRETARY OF STATE
TALLAHASSEE, FL

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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

Edenny Moncayo _____
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.

Edenny Moncayo _____
Incorporator Date

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