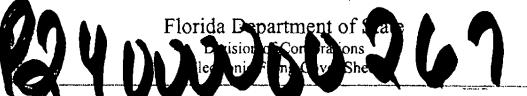
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Children's Kingdom Therapists Center Inc

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T. SCOTT

JAN - 4 2024

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAMI name of the corpor TICLE II PRIN	CIPAL OFFICE				
	Principal street addre	css	Mailin 5523 R	g address, if different	is:
reenacres,	FL 33463		Greena nd any law	iores, FL =	3463
ICLE III PURI	<u> OSE</u>	4110	alau la	011	_
purpose for which	the corporation is orga	anized is: 111 4	ne any 14w	Ful busine	ــــــــــــــــــــــــــــــــــــــ
<u></u>					
		 			
TICLE IV SHAI	ues a	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>			
TICLE IV SHAP	RES f stock is: 1				
		OR DIRECTORS	/President		
Name and Tit	al officers and le: Rosa E.	VOR DIRECTORS Rodriguez/	President Name and Title:		
Name and Tit	al officers and le: Rosa E.	vor directors Rodriguez/	President Name and Title:		
Name and Tit	alofficersanda de:Rosa E. 5532 Bisa	vor directors Rodriguez/ cayne Dr .FL 33463	Address:		
Name and Tit	alofficersanda de:Rosa E. 5532 Bisa	cayne Dr	Address:	8	
Name and Tit	alofficersanda de:Rosa E. 5532 Bisa	cayne Dr	Address:		707.
Name and Tit Address	al officers and ROSA E. 5532 Bisc Greenacres	cayne Dr , FL 33463	Address:	<u> </u>	2024 .JA
Name and Tit Address	al officers and ROSA E. 5532 Bisc Greenacres	cayne Dr , FL 33463	Address:	<u> </u>	- MVF 1202
Name and Tit Address Name and Title	al officers and ROSA E. 5532 Bisc Greenacres	cayne Dr , FL 33463	Address:	<u> </u>	2024 JIN -3
Name and Tit Address Name and Title	al officers and ROSA E. 5532 Bisc Greenacres	cayne Dr , FL 33463	Address:	<u> </u>	2024 JIN -3 AH
Name and Tit Address Name and Title	al officers and ROSA E. 5532 Bisc Greenacres	cayne Dr , FL 33463	Address:	<u> </u>	2024 JIN -3 A
Name and Tit Address Name and Titl Address	al officers and Rosa E. S532 Bisa Greenacres	cayne Dr ,FL 33463	Address: Name and Title: Address:		2024 JIN -3 A
Name and Tit Address Name and Titl Address	al officers and Rosa E. S532 Bisa Greenacres	cayne Dr ,FL 33463	Address: Name and Title: Address: Name and Title:		2024 JIN -3 A

Name and Title:	Name and Title:
Address	Address:

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	population of the maintened agent is:
	• • •
Name: Rosa E. Rodrigu	<u>(CZ</u>
Address: 5532 Biscayne	<u>0</u>
Greenacies, FL =	334/63_
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Rosa E. Rodon	iquez
6633 0 1 -	
Address: 3532 1515Cayne	
Greenacres, FL	<u>- 3346</u> 3
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specifi	ic and cannot be more than five days prior or 90 days after the
filing.)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta	he applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department in tha	ic s records.
Having been named as registered agent to accept service	e of process for the above stated corporation at the place designated in this
certificate, I am fumiliar with und accept the appointme	
	01/03/24
Required Signature/Registere	d Agent (fate
	d herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third	active jeiony as provided for in s. 617.133, F.S.
13	01/03/29
Required Signature/incorporator	Date 1