

PO9000051050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

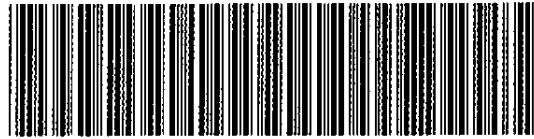
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Certified Copies _____

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: KENDON ANESTHESIA INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: BRETT JOLYON KENDON
Name (Printed or typed)

9010 SW 44 ST
Address

MIAMI, FL 33165
City, State & Zip

305-553-8833
Daytime Telephone number

kendon.anesthesia@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **KENDON ANESTHESIA Inc**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9010 SW 44 ST
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVISION OF ANESTHESIA SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALYSHIA MIGNON KENDON, CRNA
BRETT JOLYON KENDON, CRNA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

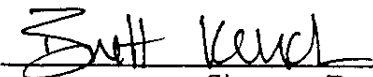
BRETT JOLYON KENDON
9010 SW 44 ST
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRETT JOLYON KENDON
9010 SW 44 ST
MIAMI, FL 33165

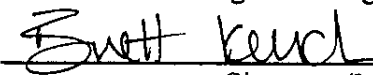
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



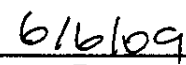
Signature/Registered Agent



Date



Signature/Incorporator



Date

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CLERK OF DISTRICT COURT
MIAMI, FL