Office Use Only Hiowi, FL. 33185 UMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Certificate of Status Mail out ☐ Will wait ☐ Photocopy **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

2 SMITH SEP 0 9 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 29, 2002

RAUL HERNANDEZ 3611 SW 147 PL MIAMI, FL 33185

SUBJECT: KENDALL MEDICAL SUPPLIES, INC.

Ref. Number: W02000021735

We have received your document for KENDALL MEDICAL SUPPLIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 302A00045648

ARTICLES OF INCORPORATION

of

| (name of cor | noration) | | | |
|--|--|---|--|----------------------------|
| The undersigned subscriber(s) to these Articles of Incorporation corporation under the laws of the State of Florida. | - , | erson(s) compe | etent to contract, hereby for | rm a |
| ARTICLE I - CORF | PORATE NA | ME. | <u>.</u> | = |
| The name of the corporation is: | 0.01120 1121 | | 2 SI | SEC |
| SOUTH KENDALL MEDICAL SERVICES, INC | | | 9 9 | ≓ <u></u> ~ |
| | * 133 | | | |
| ARTICLE II - I | | | | 5 5 5 5 7 7 |
| This corporation shall exist perpetually unless dissolved acc | ording to Fl | orida law. | 2 | ₹ <u>₹</u> |
| ARTICLE III - | PURPOSE | | 57 | 5 |
| The corporation is organized for the purpose of engaging in a United States and the State of Florida. | iny activities | or business pe | ermitted under the laws of | the |
| ARTICLE IV - CAI | PITAL STO | CK | | |
| The corporation is authorized to issue ONE THOUSAND | | | of one | |
| Dollar(s) (\$ 1.00 par value Common Sto | | | | <u></u> |
| • | | _ | | |
| ARTICLE V - INITIAL REGISTE. The street address of the Initial Registered Asset of Second 1. | | | | _ |
| The street address of the Initial Registered Agent office and t | he name of t | he Initial Regi | istered Agent at that office | is: |
| NAME RAUL HERNANDEZ | | | <u> </u> | |
| ADDRESS 3611 S.W. 147 PLACE | | | - | 4,5 k .= |
| CITY MIAMI | FLORID | A FL. | ZIP 33185 | |
| mi i i ed io i | | *************************************** | | |
| The principal office, if known, or the mailing adress of the | corporation | is: | | |
| SOUTH | corporation | is: | ···· | |
| NAME KENDALL MEDICAL SERVICES INC | corporation | is: | | |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE | corporation | 45 | | |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE CITY MIAMI | FLORID | A FL. | ZIP 33185 | |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE CITY MIAMI ARTICLE VI - INITIAL BOX | FLORID. 4RD OF DI rectors initial but shall nev | RECTORS | per of directors may be eith | ier nd |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE CITY ARTICLE VI - INITIAL BOA This corporation shall have TWO (2) did increased or diminished from time to time by the By-Laws, I | FLORID. 4RD OF DI rectors initial but shall nev | RECTORS | per of directors may be eith n one (1). The names a | nd |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE CITY ARTICLE VI - INITIAL BOA This corporation shall have TWO (_2) dia increased or diminished from time to time by the By-Laws, I addresses of the initial director(s) of the corporation are as | FLORID. 4RD OF DI rectors initial but shall nev | RECTORS | per of directors may be eith n one (1). The names a | ner . |
| NAME KENDALL MEDICAL SERVICES INC ADDRESS 3611 S.W. 147 PLACE CITY ARTICLE VI - INITIAL BOA This corporation shall have TWO (2) dis increased or diminished from time to time by the By-Laws, It addresses of the initial director(s) of the corporation are as NAME RAUL HERNANDEZ | FLORID. 4RD OF DI rectors initial but shall nev follows: | RECTORS | per of directors may be eith n one (1). The names a | nd |
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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | • | | |
|-------|------------------------|------------------------|-----------|
| NAME | RAUL HERNANDEZ | | |
| ADDRE | SS 3611 S.W. 147 PLACE | | |
| CITY | MTAMT | STATE FL | ZIP33185 |
| NAME | ALICIA HERNANDEZ | | |
| ADDRE | SS 3611 S.W. 147 PLACE | | |
| CITY | MIAMI, | STATE FL | ZIP 33185 |
| NAME | | , | |
| ADDRE | SS | | |
| CITY | | STATE | ZIP |
| IN W | | RAUL HERNANDEZ PRESIDI | (Seal) |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

| SOUTH KENDALL, | MEDICAL | SERV | 18ES | INC |
|----------------|---------|------|------|-----|
|----------------|---------|------|------|-----|

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

3611 S.W. 147 PLACE

MIAMI, FL. 33185

RAUL HERNANDEZ has named

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

RAUL HERNANDEZ (registered agent)

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