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LAZARUS CORPORATE FII	LING SERVICE
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
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CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
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, NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

KEVIN Medical Supplies INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1821NW 225+ MIAMIF/ 33142

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE L MAN'S O 4/21 SW 104P1 MÍAMÍ F/ 33/65

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JORGE L MANSO

4/2/ SW 104PL MIAMIF/33165

The undersigned incorporator has executed these Articles of Incorporation this 16 day of Dieubne 2003

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JORGE L MANSO (President) 41215W104PL

MIAMI F/ 33165

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature