

PO4 000 145938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700041935317

10/22/04--01053--022 \*\*78.75

is

10/22/04

10/22/04  
STATE, FLORIDA

10/22/04  
34 OCT 22 10:12:38  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. K & K MEDICAL SUPPLIES INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	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:*

K & K medical supplies Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

1440 J.F. Kennedy Causeway Suite # 304 - A  
North Bay Village, FL 33141

### ARTICLE III - SHARES

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

100.

FILED  
CLERK OF DISTRICT COURT  
JAN 21 2011  
NORTH BAY VILLAGE, FLORIDA

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the initial registered agent is:*

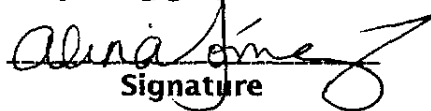
Alina Gomez  
1440 J.F. Kennedy Causeway Suite # 304 - A  
North Bay Village, FL 33141

**ARTICLE V - INCORPORATOR**

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

Alina Gomez  
1440 J.F. Kennedy Causeway Suite 304-A  
North Bay Village FL 33141

The undersigned incorporator has executed these Articles of Incorporation this 21 day of October 2004

  
Signature

**ARTICLE VI- DIRECTOR(S)**

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

Alina . Gomez (p)  
1440 J.F. Kennedy Causeway suite # 304-A  
North Bay Village FL 33141

**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