

P10000068477

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

2010 AUG 19 AM 11:40

8/20/10

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. KYRON MEDICAL, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 1.06 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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DIVISION OF CORPORATIONS
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Examiner's Initials

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 AUG 19 AM 11:40



ARTICLE I NAME

The name of the corporation shall be:

KYRON MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

631 CARDINAL STREET,
PLANTATION, FL. 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PURPOSES

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):

TARA LEVINE 631 CARDINAL
-POLINSKY ST. PLANTATION,
FL. 33324

ARTICLE VI REGISTERED AGENT

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

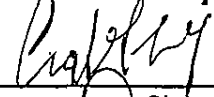
CRAIG POLINSKY 631 CARDINAL ST.
PLANTATION, FL. 33324

ARTICLE VII INCORPORATOR

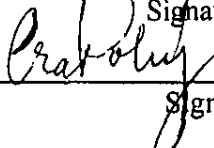
The name and address of the Incorporator is:

CRAIG POLINSKY 631 CARDINAL ST.
PLANTATION, FL. 33324

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

x 

Signature/Registered Agent

x 

Signature/Incorporator

x August 18th 2010

Date

x August 18th 2010

Date