

P11000084345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

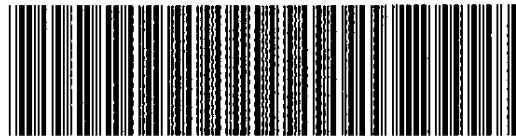
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 SEP 23 PM 2:04

9/24/11

COVER LETTER

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

SUBJECT: **KDF MEDICAL 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: **KIRKLAND D FREEMAN**

Name (Printed or typed)

3611 BELCHER DR

Address

TAMPA, FL 33629

City, State & Zip

813-546-6507

Daytime Telephone number

captk61@earthlink.net

E-mail address: (to be used for future annual report notification)

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

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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: KDF Medical Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3611 BELCHER DR
TAMPA, FL 33629

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL SERVICE SALES.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRKLAND D FREEMAN, PRES.
Address: 3611 BELCHER DR
TAMPA, FL 33629

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: KIRKLAND D FREEMAN, PRES.
Address: 3611 BELCHER DR
TAMPA, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIRKLAND D FREEMAN, PRES.
Address: 3611 BELCHER DR
TAMPA, FL 33629

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

Kirk D. Freeman

Required Signature/Registered Agent

9-20-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kirk D. Freeman

Required Signature/Incorporator

9-20-11

Date