

P1200022019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

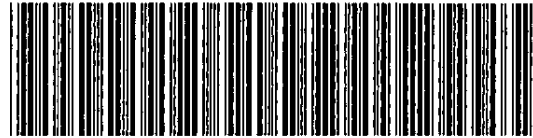
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200223760712

03/05/12--01025--024 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:17

PS 3/6/12

COVER LETTER

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

SUBJECT: KSmedical 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: Kurt Schroeder
Name (Printed or typed)

10312 Riverburn Drive
Address

Tampa FL 33647
City, State & Zip

813 205 0549
Daytime Telephone number

ksmedical@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: HS medical Inc.

12 MAR -5 PM 1:17

ARTICLE II PRINCIPAL OFFICE

Principal street address

10312 Riverburn Dr
Tampa FL 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Inc.
Sales of medical products: services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KURT SCHROEDER CEO
Address: 10312 Riverburn Dr
Tampa FL 33647

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: KURT SCHROEDER
Address: 10312 Riverburn Dr
Tampa FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KURT SCHROEDER
Address: 10312 Riverburn Dr
Tampa FL 33647

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

[Signature]
Required Signature/Registered Agent

3-1-12
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.

[Signature]
Required Signature/Incorporator

3-1-12
Date