

P/2000055055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

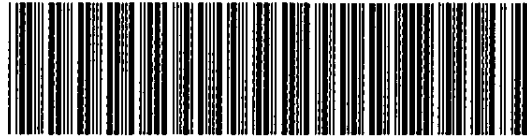
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/2-3/4/2

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06/07/12--01002--029 **128.75

FILED
12 JUN 18 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14

COVER LETTER

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

SUBJECT: KARDIA, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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PAUL FRANSON
Name (printed or typed)

150 SOUTH UNIVERSITY DRIVE SUITE C
Address

PLANTATION, FLORIDA 33324
City, State & Zip

954-472-9144
Daytime Telephone Number

PFRANSON@LEDGERPLUS.COM
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2012

PAUL FRASON
150 SOUTH UNIVERSITY DRIVE SUITE C
PLANTATION, FL 33324

SUBJECT: KARDIA, INC.
Ref. Number: W12000031412

We have received your document for KARDIA, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

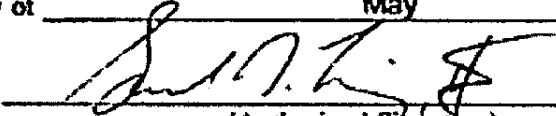
Letter Number: 412A00016288

CERTIFICATE OF DOMESTICATION

The undersigned, SAMUEL D LAING II, PRESIDENT **FILED**
(Name) (Title) 12 JUN 18 PM 2:02
of KARDIA, INC., a foreign corporation.
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MAY 15, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was GEORGIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was KARDIA, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is KARDIA, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was GEORGIA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Samuel D. Laing II of KARDIA, INC.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 21st day of May, 2012.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

KARDIA, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

8558 CYPRESS SPRINGS ROAD
LAKE WORTH, FLORIDA 33467

ARTICLE III PURPOSE

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY AND ALL LAWFUL BUSINESS.**

ARTICLE IV SHARES

**THE NUMBER OF SHARES OF STOCK IS:
1,000**

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

**THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
SAMUEL D LAING II**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
SAMUEL D LAING II
150 SOUTH UNIVERSITY DRIVE, STE C
PLANTATION, FLORIDA 33324**

ARTICLE VII INCORPORATOR

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:
SAMUEL D LAING II
150 SOUTH UNIVERSITY DRIVE, STE C
PLANTATION, FL 33324**

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

5/21/12
Date



Signature/Incorporator

5/21/12
Date

FILED

12 JUN 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA