

713000011087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

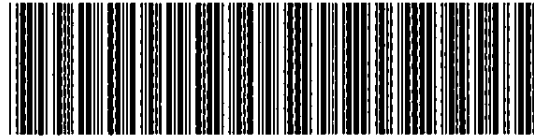
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2018 FEB -4 PM 4:20  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 520815 4363870

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : February 4, 2013

ORDER TIME : 3:48 PM

ORDER NO. : 520815-005

CUSTOMER NO: 4363870

DOMESTIC FILING

NAME: KIDNEY CARE OF JACKSONVILLE,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** KIDNEY KARE OF JACKSONVILLE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** BARBARA J. DONATI

Name (Printed or typed)

330 North Wabash Avenue, 21st Floor,

Address

Chicago, IL 60611-3607

City, State & Zip

312-840-7071

Daytime Telephone number

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 FEB -4 AM 9:05

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** KIDNEY CARE OF JACKSONVILLE, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5602 Leitner Drive East  
Coral Springs, FL 33067

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide in-home and in unit dialysis services and to engage in the transaction of any lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 common, no par value share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

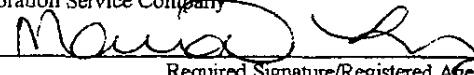
Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA J. DONATI  
Address: 330 North Wabash Avenue, 21st Floor,  
Chicago, IL 60611-3607

*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*  
Corporation Service Company

By:  2/4/2013  
Required Signature/Registered Agent MARIA LONG 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.*

 2/4/2013  
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA