P14000046538

(Requestor's Name)	_
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
Survivations to Filips Officer	٦
"Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: KENDALL RESEARCH INSTITUTE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i 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 CO	PY REQUIRED

FROM:	ANABEL NUNEZ
i itom.	Name (Printed or typed)
	10691 N. KENDALL DRIVE, SUITE, 110
	Address
	MIAMI, FL 33176
	City, State & Zip
	786-423-9578
	Daytime Telephone number
	EARTECHE@HOTMAIL.COM
	E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2014

ANABEL NUNEZ 10691 N. KENDALL DR., STE 110 MIAMI, FL 33176

SUBJECT: KENDALL RESEARCH INSTITUTE, INC.

Ref. Number: W14000028753

We have received your document for KENDALL RESEARCH INSTITUTE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Letter Number: 314A00009705

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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

	INCIPAL OFFICE Principal street address DALL DRIVE, SUITE 110		Mailing address, if diffe	rent is:	
Miemist	1 × 37176				
ARTICLE III PUF The purpose for which	RPOSE the corporation is organized is:	ND ALL LA	AWFULL BUS	INESS	3
				14 MAY 28 PH 1: 15	SECRETARY OF STATE
	<i>tial officers and/or director</i> _{e:} ANABEL NUNEZ 10691 N. KENDALL DRIVE,	Name and Title:	.P		
Name and Title Address	SUITE 110, MIAMI, FL 33176 MAGDA RIVERA 10691 N. KENDALL DRIVE, SUITE 110, MIAMI, FL	Name and Title: Address:	VP		
	33176	Name and Title			

Name and	nd Title: Name and T	itte;
Address	Address:	
		
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
Name:	ANABEL NUNEZ	
Address:	10691 N. KENDALL DRIVE	
	SUITE 110, MIAMI, FL 33176	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	address of the Incorporator is:	
Name:	ESTEBAN ARTECHE	
Address:	4533 SW 127TH PL	
rida (53),	MIAMI, FL 33175	
Having been nan this certificate, I d	med as registered agent to accept service of process for the above am familiar with and accept the appointment as registered agent of	and agree to act in this capacity 5 15 201
	Required Signature/Registered Agent cument and affirm that the facts stated herein are true. I am aw Department of State constitutes a third degree felony as provided j Required Signature/Incorporator	
	Oth	