

07/23/2032

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
KSLAND MEDICAL SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

H14000213752

**ARTICLE I NAME:** The name of the corporation is:

KSLAND MEDICAL SERVICES INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

510 NW 57 ave

Suite 206

Miami FL 33126

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

GILBERTO H CARRION (P)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GILBERTO H. CARRION

510 NW 57 ave Suite #206

Miami FL 33126

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

GILBERTO H. CARRION

510 NW 57 ave Suite 206

Miami FL 33126

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**Required Signatures:**

**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**

Registered Agent

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.**

Incorporator

Date

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