Division of Corporations Electronic Filing Cover Sheet

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(((H14000213752 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number: I20000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

**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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こねりすす	Address:	 	

FLORIDA PROFIT/NON PROFIT CORPORATION KSLAND MEDICAL SERVICES INC

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

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A	RTICI	ES OF	INCORI	PORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
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11. 1	
ARTICLE I NAME: The name of the corporation is:	
KSLAND MEDICAL SERVICES	IN
ARTICLE II PRINCIPAL OFFICE:	ļ
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:	ŀ
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
GILBERTO H CARRION (P)	
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	ST.
	PR (
	0:1
	7
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
510 DUN FT. CARRION	
510 NW 51 ave Suite #20	Ψ
Migmi FL 33126	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
GILBERTO H. CARRION	
5/0 NW 57 ave Suite 700	
Miami FL 33126	
	I

#1798 P.003/003

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Required Signatures: TALL

SECRETARY OF STATE TALL AN ACCORD OF THE 14000213752

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

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 withing degree felony as provided for in s.817.155, F.S.

Incorporator

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