

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000123462 3)))



H150001234623ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
K-4 OUTCOMES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
15 MAY 21 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 MAY 21 PM 2:18
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: K-4 Outcomes, 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 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 COPY REQUIRED

FROM: Richard R GINGRAS
Name (Printed or typed)
256 Bermuda Run Drive
Address
Advance, N. C. 27006
City, State & Zip
(336) 414-5828
Daytime Telephone number
R GINGRAS@TRIAD.VER.COM
E-mail address: (to be used for future annual report notification)

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

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

FILED

15 MAY 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: K-4 Outcomes, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

750 DELORO DRIVE
Safety Harbor, FL 34695

256 Bermuda Run Drive
Advance, N.C. 27006

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to establish allied health clinics to provide
Orthopedic devices (orthotics and prosthetics)
and cranial Remolding services to pediatric
PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Richard R Gingras</u>	Name and Title:	<u>Richard R Gingras</u>
Address:	<u>256 Bermuda Run Dr</u>	Address:	<u>256 Bermuda Run Dr</u>
	<u>Advance, N.C. 27006</u>		<u>Advance, NC 27006</u>
	<u>President</u>		<u>Treasurer</u>

Name and Title:	<u>Amy E. Kressevich</u>	Name and Title:	
Address:	<u>750 Deloro Drive</u>	Address:	
	<u>Safety Harbor, FL 34695</u>		
	<u>Vice President</u>		

Name and Title:	<u>Marbee J. Gingras</u>	Name and Title:	
Address:	<u>256 Bermuda Run Dr</u>	Address:	
	<u>Advance, NC 27006</u>		
	<u>Secretary</u>		

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: NRAI SERVICES, INC.
Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard R Gingras
Address: 256 Bermuda Run Drive
Advance, NC 27006

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Judy Culver
Judy Culver, Asst. Secretary
of NRAI Services, Inc.
Required Signature/Registered Agent

05/21/2015

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.

Richard R Gingras
Required Signature/Incorporator

05/21/2015

Date