

P16000026105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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16 MAR 21 PM 1:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W116-10880

MD 3/23

## COVER LETTER

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

SUBJECT: K MEDICAL INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2016

JESSE T KIMMEL  
1915 BERRY LANE  
PORT ORANGE, FL 32128

SUBJECT: K MEDICAL INC  
Ref. Number: W16000010880

We have received your document for K MEDICAL INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete application was not received for the Certificate of Domestication. The signature page was omitted.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00003032



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2016

JESSE T KIMMEL  
1915 BERRY LANE  
PORT ORANGE, FL 32128

SUBJECT: K MEDICAL INC  
Ref. Number: W16000010880

We have received your document for K MEDICAL INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00003032

## CERTIFICATE OF DOMESTICATION

The undersigned, JESSE T KIMMEL, PRESIDENT  
(Name) (Title)

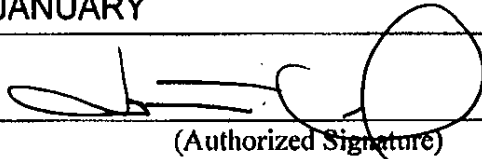
of K MEDICAL INC a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was APRIL 22, 2014
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was DELAWARE, USA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was K MEDICAL INC
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is K MEDICAL INC
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was K MEDICAL INC
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of K MEDICAL, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of JANUARY, 2016



(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

FILED  
16 MAR 21 PM 1:47  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

K MEDICAL INC

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address

Mailing Address

1915 BERRY LANE

1915 BERRY LANE

PORT ORANGE, FL. 32128

PORT ORANGE, FL. 32128

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

MEDICAL EQUIPMENT SALES

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

JESSE T KIMMEL

1915 BERRY LANE

PORT ORANGE, FL. 32128

Title/Name

PRESIDENT

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:**

JOSEPH A LOGUIDICE CPA

1515A RIDGEWOOD AVE

HOLLY HILL, FL. 32117

**ARTICLE VII INCORPORATOR**

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:**

JOSEPH A LOGUIDICE CPA

1515A RIDGEWOOD AVE

HOLLY HILL, FL. 32117

FILED  
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Signature/Registered Agent

3-22-16  
Date

Signature/Incorporator

3-16-16  
Date