

P16000058517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

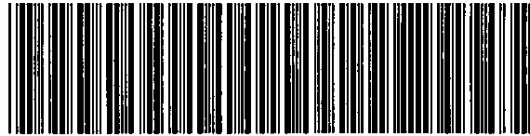
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SECRETARY OF STATE  
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TCH  
7/18/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2016

MICHAEL SETO  
8518 TERLIZZI CT  
ORLANDO, FL 32836

SUBJECT: KED MEDICAL  
Ref. Number: W16000044259

RECEIVED

16 JUL -8 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KED MEDICAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add P.A. to name.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 316A00013027

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** KED MEDICAL, P.A.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** MICHAEL SETO

Name (Printed or typed)

8518 TERLIZZI CT

Address

ORLANDO FL 32836

City, State & Zip

407 371 0214

Daytime Telephone number

MIKE@DRSETO.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)

**ARTICLE I NAME**

The name of the corporation shall be: KED MEDICAL, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7425 CONROY WINDERMERE RD

8518 TERLIZZI CT

ORLANDO FL 32835

ORLANDO FL 32836

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MICHAEL SETO PRESIDENT

Name and Title: \_\_\_\_\_

Address 8518 TERLIZZI CT

Address: \_\_\_\_\_

ORLANDO FL 32836

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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: MICHAEL SETO  
Address: 8518 TERLIZZI CT  
ORLANDO FL 32836

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL SETO  
Address: 8518 TERLIZZI CT  
ORLANDO FL 32836

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

\_\_\_\_\_  
Required Signature/Registered Agent

06/08/2016

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

06/08/2016

\_\_\_\_\_  
Date

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