

P19000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

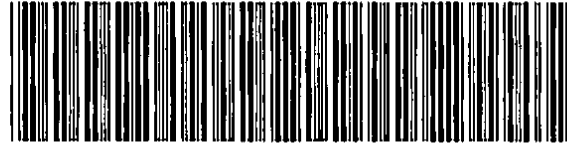
(Business Entity Name)

(Document Number)

ertified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: Kenilworth Medical Systems, 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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Kenilworth Medical Systems, Inc

Name (printed or typed)

2016 Jonquil Pl

Address

The Villages, FL 32162

City, State & Zip

847-707-2511

Daytime Telephone Number

dbateman72@gmail.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, David R Bateman, President,
(Name) (Title)

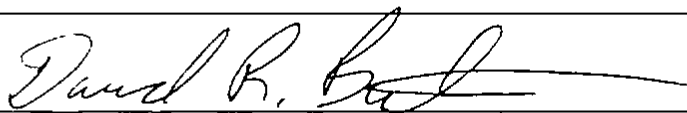
of Kenilworth Medical Systems, Inc a foreign corporation,
(Corporation Name)

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

1. The date on which corporation was first formed was March 3, 1990.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Palatine, Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Kenilworth Medical Systems, 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 Kenilworth Medical Systems, 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 1329 W Kenilworth Ave., Palatine, Illinois, 60067.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am David R Bateman, of Kenilworth Medical Systems, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st day of December, 2018.



(Authorized Signature)

Filing Fee:

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

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Kenilworth Medical Systems, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

2016 Jonquil Pl The Villages, Fl 32162

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Market products to Healthcare and other markets

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
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ARTICLE IV SHARES 1000
THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name
President, David R Bateman
Secretary, Susan B Bateman

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

itle/Name

Title/Name

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

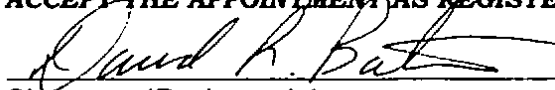
David R Bateman, 2016 Jonqui Pl, The Villages, Fl 32162

ARTICLE VII INCORPORATOR

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

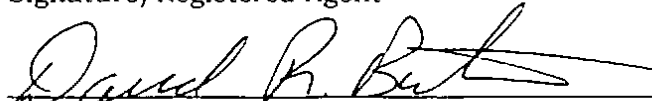
David R Bateman 2016 Jonquil Pl, The Villages, Fl 32162

**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

Date



Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA