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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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C RICO

FEB 19 2020

****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
KENDALL MEDICAL, INC.**

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

2020 FEB 19 PM 1:24

RECEIVED

FLORIDA
DEPARTMENT OF
STATE
DIVISION OF
CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Kendall Medical, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15770 SW 150 CtMiami, FL 33187**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Saul Castellanos (P)FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 19 PM 2:46**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Saul Castellanos15770 SW 150 CtMiami FL 33187**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Saul Castellanos15770 SW 150 CtMiami FL 33187

Required Signatures:

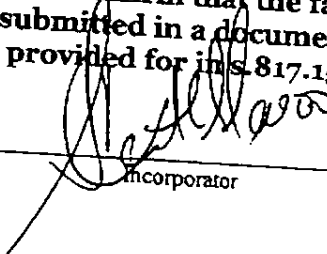
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent2/19/20

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.



Incorporator2/19/20

Date