

P200000040467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

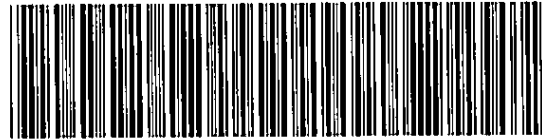
Special Instructions to Filing Officer:

Office Use Only

W20000037714

JUN 05 2020

T. SCOTT



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04/13/20--01033--003 **137.50

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2020 JUN -5 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FL 32307

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

To Whom It Concerns,

I moved to Florida, March 1st 2020, from Bloomingdale Illinois. I have owned the tooling, trademarks and copyrights to pediatric aerosol masks. I have been advised to complete the Articles of Domestication since I no longer reside in Illinois.

The FIN for Kidsmed, Inc is 562495561 and has been incorporated since 2001. Please contact me by text or phone, at 630 235 1277, if more information is needed.

Best Regards,

Cynthia A Rohr

809 Chipper Drive

Sun City Center, Florida 33573



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2020

CYNTHIA A ROHR
809 CHIPPER DRIVE
SUN CITY CENTER, FL 33573

SUBJECT: KIDSMED, INC.
Ref. Number: W20000037714

We have received your document for KIDSMED, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list date company started in ILLINOIS on domestication page.

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: 220A00010289

COVER LETTER

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

SUBJECT: Kidsmed, Inc

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

FEES:

| | |
|--|-----------------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | <u>\$ 78.75</u> |
| Total filing fee | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

From: Cynthia A Rohr

Name (printed or typed)

809 Chipper Drive

Address

Sun City Center, Florida 33573

City, State & Zip

630 235 1277

Daytime Telephone Number

Kidsmed80@gmail.com

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

corrected original

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Synthia A. Pohr Chief Operating Officer
(Name) (Title)
of Kidsmed, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Kidsmed, Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is ~~Florida~~ ^{Illinois} ~~Illinois~~ ^{CA} March 4th 2020
3. The name of the domesticated corporation is Kidsmed, Inc.
4. The jurisdiction of formation of the domesticated corporation is Florida
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Synthia A. Pohr
(Authorized Signature)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Kidsmed, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
809 Chipper Drive
Sun City Center
Florida, 33573

Mailing Address
809 Chipper Drive
Sun City Center
Florida, 33573

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Owner of trademarks, copyrights and tooling
for production of pediatric aerosol masks

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Cynthia A. Rohr
809 Chipper Drive
Sun City Center, Florida 33573

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.

Cynthia Rohr
Signature/Registered Agent

5-5-2020
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Guthrie A. Rohr Name & Title: _____
Chief Operating Officer

Address: 809 Chippee Drive Address: _____
Sun City Center Florida
32577

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Guthrie A. Rohr
Signature/Authorized Person
Chief Operating Officer

5-5-2020
Date