

P21000034060

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000150529 3))



H210001505293ABCZ

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

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
Kinal P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2021-APR-15 AM 11:22

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2021 APR 15 AM 10:21

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NATIONAL
CORPORAL
SERVICES

Handwritten signature and date: 4-16-21

COVER LETTER

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

SUBJECT: Kinal 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 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED:

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FROM: Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

onlinefilings@Legalzoom.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: Kinal P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

422 S Alafaya Trl

Orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Practice - Medical Doctor

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Kinal, PTSD

Name and Title: _____

Address 422 S Alafaya Trl

Address: _____

Orlando, FL 32828

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT

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: United States Corporation Agents, Inc.
 Address: 5575 S Semoran Blvd. Suite 36
Orlando, Florida 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.
 Address: 101 N. Brand Blvd., 11th Floor,
Glendale, CA 91203

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 days prior or 90 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

_____ 04/15/2021
 Required Signature/Registered Agent CHEYENNE MOSELEY, US CORP. AGENTS 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.

_____ 04/15/2021
 Required Signature/Incorporator Cheyenne Moseley, Assistant Secretary, Date
 Legalzoom.com, Inc.

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA