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LAZARUS CORPORATE

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To:	Division of Corporations Fax Number : (850)517-6381			
i	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 er the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address:	SELILE INRY OF STATE	2022 MAR -8 AM 12: 32	



FLORIDA PROFIT/NON PROFIT CORPORATION K.C.K. MEDICAL EQUIPMENT SUPPLIES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: K.C.K ٠ **ARTICLE II** PRINCIPAL OFFICE: The principal street address and mailing address is: 3mi 201 rida 100 ARTICLE III SHARES: The number of shares of stock is: ARTICLE IV INTIAL DIREC ORS AND/OR 2022 MAR -8 **r**r. AM ភ ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS 32 The name and Florida street address (PO Box not acceptable) of the registered agent is: Portal Í. Hntonio wan 189 Ave 3375 miami 5 33196 Florida INCORPORATOR: The name and address of the Incorporator is: **ARTICLE VI** れて Porta Ave mami 164 Su 0n°C 5

<u>**Required Signatures:**</u>

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 families with and accept the appointment as registered agent and agree to act in this capacity

A A agent and agree	e to act in this capacity
A A	
Registered Agent	
	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.

Incorporator Date

