

P22000027764

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000131154 3)))



H220001311543ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 NORTH K MEDICAL SUPPLY CORP

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

RECEIVED

2022 APR 11 PH 4:36

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 APR 11 PM 12:43

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

NORTH K MEDICAL SUPPLY CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7700 N KENDALL DR.
MIAMI FL 33156
SUITE 3000 SUITE 300.0

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

RAIDEL CERRA (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 11 PM 12:43

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

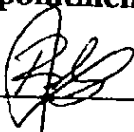
RAIDEL CERRA
7700 N KENDALL DR. MIAMI FL 33156
SUITE 3000 SUITE 300.0

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

RAIDEL CERRA
7700 N KENDALL DR. MIAMI FL 33156
SUITE 3000 SUITE 300.0


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 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

FILED
 2022 APR 11 PM 12:43
 CLERK OF STATE
 TALLAHASSEE, FLORIDA