

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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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
KIERBE MEDICAL SUPPLY CORP**

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

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D. O'KEEFE

APR 21 2022

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:KIERBE MEDICAL Supply Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

175 FONTAINEBLEAU BLVD SUITE 2B-4  
MIAMI FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANIERKA BERMUDEZ (P)  
175 FONTAINEBLEAU BLVD SUITE 2B-4  
MIAMI FL 33172CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ANIERKA BERMUDEZ  
175 FONTAINEBLEAU BLVD SUITE 2B-4  
MIAMI FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANIERKA BERMUDEZ  
175 FONTAINEBLEAU BLVD SUITE 2B-4  
MIAMI FL 33172

**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

X  \_\_\_\_\_ 04/20/2022  
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.

X  \_\_\_\_\_ 04/20/2022  
Incorporator Date

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TALLAHASSEE, FLORIDA

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