ctronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION GOLD KIDNEY OF FLORIDA INC.

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COVER LETTER

H22000316324

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

UBJECT:	ld Kidney of Florida Inc. (PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an	original and one (1) copy of the a	rticles of incorporation and	a check for:
□ \$70.0 Filing Fo		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM	Polsinelli PC	me (Printed or typed)	
	2950 N. Harwood Street, Suite 2100		
	D. H 777/ 7500)	Address	
	Dallas, TX 75201 Cit	y, State & Zip	
	214-661-5573		
	Destina	Telephone number	
	Dayume	i elephone number	

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)

H22000316324

<u>ARTICLE I NAME</u>	Gold Kidney of Florida Inc		
The name of the corporat	ion shall be: Gold Kidney of Florida Inc.		
ARTICLE II PRINC	TIPAL OFFICE Principal street address		Mailing address, if different is: press Bowl Road ephanic Moore, VP of Operations
**************************************		Lutz, FL	
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: Any and all	lawful business o	or activities under the laws of this state.
<u>-</u>			
ARTICLE IV SHAR! The number of shares of	<u>ES</u> 75,000 stock is:	_	
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Dave Firdaus - CEO & Director	Name and Title	Gary Cellini - COO
Address	2817 Cypress Bowl Road	Address:	2817 Cypress Bowl Road
Addiess	Lutz, FL 33558	-	Lutz, FL 33558
		-	
Name and Title:	Amit Jain - CFO	Name and Title	Mandeep Sahani, MD - CMO & Director
Address	2817 Cypress Bowl Road	_ Address:	2817 Cypress Bowl Road
	Lutz, FL 33558	-	Lutz, FL 33558
Name and Title:	Francisco Leon, CPA - Audit & Compliance Officer	Name and Title	<u> </u>
Address	2817 Cypress Bowl Road	Address:	
rom ess	Lutz, FL 33558		
		_	

			H22000316324
Name a	nd Title:	Name and Title:	
Addre	58	Address:	
			
		<u></u>	
ADDICE DE	DEGICTERED ACENT		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	NRAI Services, Inc.		
Address:	1200 South Pine Island Road		
	Planation, FL 33324		6.7
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VII	INCORPORATOR		· · · · · · · · · · · · · · · · · · ·
The name and	address of the Incorporator is:		CO
Name:	Dave Firdaus		2
Address:	2817 Cypress Bowl Road		- :
	Lutz, FL 33558		ت ۔۔
ARTICLE VIII Effective date.	EFFECTIVE DATE: if other than the date of filing:	. (OPTION	(AL)
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five day	ys prior or 90 days after the
0,			
	te inserted in this block does not meet the applied effective date on the Department of State's rec		nents, this date will not be listed as
Having been na	uned as registered agent to accept service of pro	cess for the above stated corpo	ration at the place designated in this
certificate, I am	familiar with and accept the appointment as re	egistered agent and agree to ac	t in this capacity
By:	David We	stcott. Asst. Secretary	9/12/2022
	Required Signature/Registered Agen		Date
	ocument and affirm that the facts stated herei e Department of State constitutes a third degree		
Dave F	indaus		9/12/2022
Required Signa	ture/Incorporator		Date