. 1

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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 KENDALL MEDICAL SERVICE INC

Certificate of Status	0
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

<b>ARTICLE 1</b> NAME: The name of the corporation is:
Keudall Medical Service INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
14221 SW 120Th ST 126 Mismi F
33186
100
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Hector AguilAR Tornes (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Hector Aguilar Torres
14221 Sw 120+h St 126 Miami F
33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Hector Aguilar Torres
14221 SW 120th St 126 Miami
Fl 33186

## 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

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 Late