

	(Requestor's Name)	
	(Address)	
	(Address)	
······································	(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
 (Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	

Office Use Only





115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/09/2023			
Name:				
	#:20907	<u>'21</u>		
Entity Nam	e:	KA MANAGE	EMENT INC.	<u>-</u>
	cles of Incorporation/	Authorization to T	ransact Business	
	endment			
	nge of Agent			
<u> </u>	nstatement version			
☐ Mer	ger			
Diss	solution/Withdrawat			
☐ Ficti	tious Name			
Oth	er			
Authorized	Amount:	\$70.00	·	
Signature:	Plancel	ogborner- Amer		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/09/2023		
Name:	Marcel	_	
Reference	, #: 2090721	_	
		AGEMENT INC.	•
✓ Artio	cles of Incorporation/Authorization	to Transact Business	
Ame	endment		
☐ Cha	ange of Agent		
☐ Rei	nstatement		
☐ Cor	nversion		
☐ Mer	rger		
Diss	solution/Withdrawal		
☐ Fict	itious Name		
Oth	er		
Authorized	d Amount: \$70.00		
Signature:			

F: +852.2682.9790

COVER LETTER

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

SUBJECT:	KA Management Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Nam	e (Printed or typed) NE 22nd Rd.		
		Address		
	North Mian	ni Beach, FL 33179		
	City	. State & Zip	<u>.</u>	
		0-359-2032		
	·	l'elephone number		
	_	countability108.com ed for future annual report	notification)	

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)

he name of the corporation shall be:		KA Management Inc.		
TICLE II PRINCIP			Mailing address, if different is:	
19441	NE 22nd Rd.		3137 S. Barrington Ave.	
North Miami	Beach, FL 33179		Unit B	
	 . 		Los Angeles, CA 9006	
PICLE III PURPOSE purpose for which the	<u>E</u> corporation is organized is:	New busine	ess in healthcare management	
_	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	OFFICERS AND/OR DIRECTORS Kevin Alter			
Name and Title:_	19441 NE 22nd Rd.		Title:	
Address	North Miami Beach, FL 33179	Address:		
_				
Name and Title:		Name and	Title:_	
_				
Name and Title:			7923 Title:	
		Name and	Title: 25	
		Name and Address:	Title:	
		Name and Address:	Title: 25	

Name and Title	e:	Name and Title:	
Address		Address:	
			
	<u>STERED AGENT</u> street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Cogency Global Inc.		
Address:	115 North Calhoun Street, Suite 4	_	
	Tallahassee, FL 32301	_	
<u>ARTICLE VII INCO</u>	PRPORATOR		
The <u>name and address</u>	of the Incorporator is:		
Name:	Kevin Alter	_	
Address:	19441 NE 22nd Rd.	_	
<u>-</u>	North Miami Beach, FL 33179	_	
(If an effective date is filing.)	than the date of filing: listed, the date must be specific and cannot ed in this block does not meet the applicable	ot be more than five days po	rior or 90 days after the
Having been named as	re date on the Department of State's records. To registered agent to accept service of process miliar with and accept the appointment as re	s for the above stated corpor	
100	Required Signature/Registered Agent		Date
	t and affirm that the facts stated herein are tment of State constitutes a third degree felo		
K	evin Alter		08/09/2023
Required Si	gnature/Incorporator		Dat &
			
			70
			ं सं
			<u>·</u> ω