

P99000017400

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ICELAND Management, inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002785056--3  
-02/23/99--01072--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NOTARIZATION DIVISION  
99 FEB 23 PM 3:44

Examiner's Initials

FILED  
99 FEB 23 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

*of*

**KELMED MANAGEMENT, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

**KELMED MANAGEMENT, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One Thousand (1000) shares .001 Dollar(s) (\$ .001 ) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

**Antonio Faga, Esquire  
375 12<sup>TH</sup> Avenue, S.  
Naples, Florida 34102**

The principal office, if known, or the mailing address of the corporation is:

**198 N. Tamiami Trail  
Naples, Florida 34102**

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

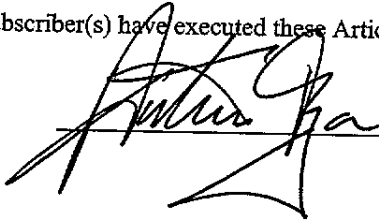
**Marianne Kelley  
8090 San Vista Circle  
Naples, FL 34109**

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

**ANTONIO FAGA, ESQUIRE**  
375 12<sup>th</sup> Avenue, S.  
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17<sup>th</sup> day of February, 1999.



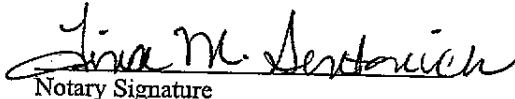
Seal)

**STATE OF FLORIDA**  
**COUNTY OF COLLIER**

Before me a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared : ANTONIO FAGA, who ☒ is personally known to me OR ☐ produced identification. Type of identification \_\_\_\_\_

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form X of identification of the above named person        as indicated opposite each name, and that an oath was taken.

Witness my hand and official seal in the county and State last aforesaid this 17<sup>th</sup> day of February, 1999.

  
Notary Signature

Tina M Santovich  
My Commission CC77931  
Expires June 20, 2000

CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

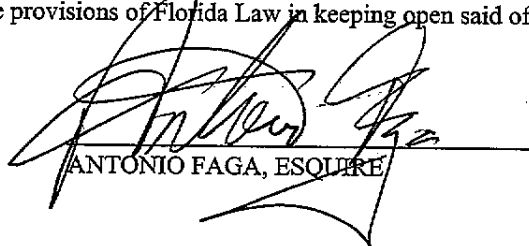
OF

**KELMED MANAGEMENT, INC.**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 375 12<sup>th</sup> Street, S., Naples, Florida 34102 has named **Antonio Faga**, Esquire, located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
ANTONIO FAGA, ESQUIRE

**FILED**  
99 FEB 23 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA