

TRANSMITTAL LETTER

Department of
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

PS1000048472

700004133357--E
-05/03/01--01091--003
*****78.75 *****78.75

SUBJECT: DEPENDABLE MEDICAL SERVICES, CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DENY L. SOSA
Name (Printed or typed)
10740 WESTWOOD LAKE DR.
Address
MIAMI, FL. 33165
City, State & Zip
305-970-8941
Daytime Telephone number

FILED
01 MAY 15 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. SMITH MAY 15 2001

3-101-10367
TS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 8, 2001

Deny

DENT L. SOSA
10740 WESTWOOD LAKE DR
MIAMI, FL 33156

SUBJECT: DEPENDABLE MEDICAL SERVICES, CORP.
Ref. Number: W01000010367

We have received your document for DEPENDABLE MEDICAL SERVICES, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 001A00027536

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DEPENDABLE MEDICAL SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10740 WESTWOOD LAKE DR. MIAMI, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DENY L. SOSA 10740 WESTWOOD LAKE DR. MIAMI, FL. 33165

MONTSEERRAT DUBOIS 10740 WESTWOOD LAKE DR. MIAMI, FL. 33165

FILED
01 MAY 15 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MONTSEERRAT DUBOIS 10740 WESTWOOD LAKE DR.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DENY SOSA 10740 WESTWOOD LAKE DR.

MONTSEERRAT DUBOIS 10740 Westwood lake dr.

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

M Dubois
Signature/Registered Agent

5/11/01
Date

Deny Sosa
Signature/Incorporator

5/11/01
Date