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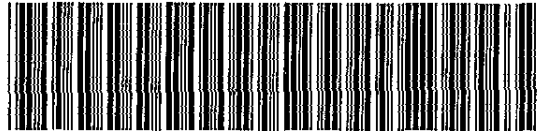
(Business Entity Name)

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12/06/02--01018--009 **551.25

RECEIVED
02 DEC -6 AM 9 45
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 DEC 10 PM 12:28

F. CHESSEB

DEC 10

W 2 34339



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 6, 2002

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: JB MEDICAL EQUIPMENT, INC.
Ref. Number: W02000034334

RECEIVED
02 DEC 10 AM 9:32
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JB MEDICAL EQUIPMENT, INC. and your check(s) totaling \$551.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 202A00064894

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. JB MEDICAL SUPPLIES, 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

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

Examiner's Initials

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 DEC 10 PM 12:28

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JB MEDICAL SUPPLIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7296 W 35 Ave
HIALEAH FL 33018

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN O. BARZAGA
7296 W 35 Ave
HIALEAH FL 33018

ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JUAN O. BARZAGA
7296 W 35 Ave
HIALEAH FL 33018

ARTICLE VI. DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JUAN O. BARZAGA
7296 W 35 Ave
HIALEAH FL 33018

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19____.

x 

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: JB MEDICAL SUPPLIES, INC

2. The name and address of the registered agent and office is:

JUAN O. BARZABA
(NAME)

7296 W 35 AVE
(P.O. BOX NOT ACCEPTABLE)

HALEAH FL 33018
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE X [Signature]

DATE _____

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TALLAHASSEE, FLORIDA
02 DEC 10 PM 12:28

REGISTERED AGENT FILING FEE: \$35.00