

P03000085297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

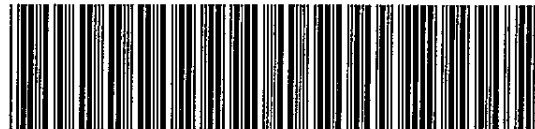
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900021836729

07/30/03--01032--008 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 30 AM 11:35

REGISTER

AUG 5

TRANSMITTAL LETTER

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

SUBJECT:

Surplus Medical Supply, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

P B: A Financial Svcs.

Name (Printed or typed)

13935 NW 1st Ave

Address

Miami, FL 33168

City, State & Zip

305-688-9694

Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
SURPLUS MEDICAL SUPPLY, INC**

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

ARTICLE I

The name of this corporation shall be:

SURPLUS MEDICAL SUPPLY, INC

ARTICLE II

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

It shall have the authority to issue 100 shares of stock, all of one class, with \$ 1.00 par value.

ARTICLE IV

The corporation shall begin with \$ 100.00 capital.

ARTICLE V

The period of its duration is perpetual.

ARTICLE VI

The address of its principal office is:

PO Box 613091
Miami, FL 33261

Prepared by:
PB&A Financial Services, Corp.
13935 NW 1st Avenue
Miami, FL 33168
(305) 688-9694

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
03 JUL 30 AM 11:36

ARTICLE VII

The number of directors constituting its initial Board of Directors is (1) whose name(s) and address(es) is (are):

Brian W Bachoo
14201 NW 5th Ave
Miami, FL. 33168
President

ARTICLE VIII

The name and address of the subscriber is:

Brian W Bachoo
14201 NW 5th Ave
Miami, FL. 33168

ARTICLE IX

The registered agent and registered office for the corporation shall be:

PB&A FINANCIAL SERVICES, C ORP.
13935 NW 1st AVENUE
MIAMI, FL. 33168

ARTICLE X

Shareholders shall be entitled to preemptive rights.


Brian W Bachoo

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST THAT SURPLUS MEDICAL SUPPLY, INC. DESIRING TO ORGANIZE
OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA
HAS NAMED PB&A FINANCIAL SERVICES, CORP. AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

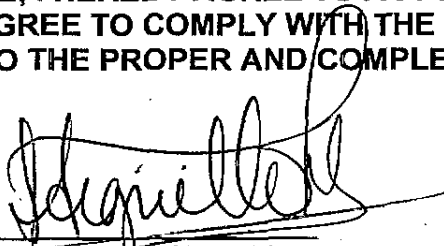
Signature: _____



Title: PRESIDENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES.

Signature: _____



Sandra Arguello/ President
PB&A Financial Services, Corp.

Date: _____

7/24/03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 30 AM 11:36