

P04000035142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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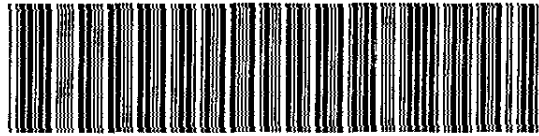
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: M.B.M. 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:

Berta Mejias

Name (Printed or typed)

6363 Taft Street Suite 311

Address

Hollywood, FL 33024

City, State & Zip

(305) 345-7448

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

M.B.M. MEDICAL Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6363 TAft Street Suite 311
Hollywood, Florida 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Berta Mejias - DP
9551 BAHAMA Drive
MIAMI, FL. 33189

ARTICLE VI REGISTERED AGENT

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

Berta Mejias
9551 BAHAMA Drive
MIAMI, FL. 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Berta Mejias
9551 BAHAMA Drive
MIAMI, FL. 33189

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

BERTA MEJIAS
Signature/Registered Agent

2/16/04
Date

BERTA MEJIAS
Signature/Incorporator

2/16/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA