

705000093394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

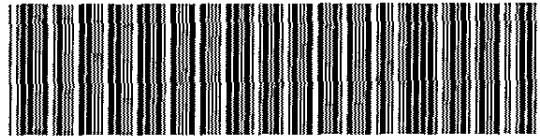
(Business Entity Name)

(Document Number)

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06/21/05--01021--005 **393.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 29 PM 2:52

05 JUN 21 AM 9:23

RECEIVED

STATE OF FLORIDA
CORPORATION DIVISION

WOS-30662

B. McKnight JUN 30 2005

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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

1. Del Risco Medical Services Corp.
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 22, 2005

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: EMY'S BOTANICA AND PET SHOP, CORP.
Ref. Number: W05000030662

We have received your document for EMY'S BOTANICA AND PET SHOP, CORP. and your check(s) totaling \$393.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document has been rejected per your request.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 405A00042720

Note: Please Use this Credit
On this New Corporation.
ThankX !!



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 27, 2005

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: DEL RISCO MEDICAL SERVICES CORP.
Ref. Number: W05000030662

We have received your document for DEL RISCO MEDICAL SERVICES CORP. and your check(s) totaling \$393.75. 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.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 405A00042720

ARTICLES OF CORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DEL RISCO MEDICAL SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**9807 NW 80 AVE. BAY # 11-C
Hialeah Gardens FL, 33016**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of stock: is 100 Shares

ARTICLE V INITIAL OFFICERS AND /OR DIRECTORS

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

**MARIO A DEL RISCO..... PRESIDENT
19551 CYPRESS COURT, MIAMI LAKES, FL 33015**

ARTICLE VI REGISTERED AGENT

The name (s) and address (es) of the registered agent (s) is:

**MARIO A DEL RISCO
19551 CYPRESS COURT, MIAMI LAKES , FL 33015**

ARTICLE VII INCORPORATOR

The name address of the incorporator is:

**MARIO A DEL RISCO
19551 CYPRESS COURT, MIAMI LAKES, FL 33015**

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Having been named as registered agents to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Date

6-22-05

Signature/ Incorporator

Date

6-22-05