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(Business Entity Name)

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COVER LETTER

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

SUBJECT: BEST QUALITY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Dennis Iglesias
Name (Printed or typed)

2500 NW 79 AVE Suite # 252
Address

MIAMI, FL 33126
City, State & Zip

786-389-2660
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2005

DENNIS IGLESIAS
2500 NW 79 AVE., STE. 252
MIAMI, FL 33126

SUBJECT: BEST QUALITY MEDICAL SUPPLY INC.
Ref. Number: W05000054848

We have received your document for BEST QUALITY MEDICAL SUPPLY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 805A00071719

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:

BEST QUALITY MEDICAL SUPPLY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2500 NW 79 Ave Suite # 252

Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SUPPLY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dennis Iglesias President

2500 NW 79 Ave Suite # 252

Miami, FL 33126

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dennis Iglesias

2500 NW 79 Ave Suite # 252

Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dennis Iglesias

2500 NW 79 Ave Suite # 252

Miami, FL 33126

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

DENNIS Iglesias
Signature/Registered Agent

DENNIS Iglesias
Signature/Incorporator

2 January 2006
Date

2 January 2006
Date

FILED
06 JAN -6 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA