

PO6000063072

(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



500073121145

05/04/06--01023--021 **79.00

FILED

06 MAY -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE MAY -4 2006

COVER LETTER

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

SUBJECT: Best class Medical Services, 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: Edmundo Couto
Name (Printed or typed)

9801 W Flyler st B-201
Address

Miami FL 33174
City, State & Zip

305 710 8803
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:

Best class Medical services Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9801 W Flagler st B-201
Miami FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sale Medical supplies

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edmundo Couto
9801 W Flagler st B-201
Miami FL 33174

ARTICLE VI REGISTERED AGENT

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

Edmundo Couto
9801 W Flagler st B-201
Miami FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edmundo Couto
9801 W Flagler st B-201
Miami FL 33174

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


Signature/Registered Agent

04-15-06
Date


Signature/Incorporator

04-15-06
Date

FILED
06 MAY -4 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA