

P06000115677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

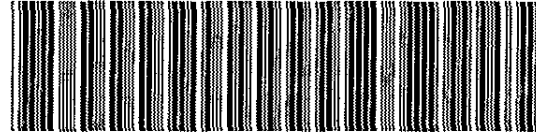
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/06--01022--008 **78.75

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06 SEP -7 PM 1:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CB 9-7-06

COVER LETTER

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

SUBJECT: SERVI-MED 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: CESAR BESIL

Name (Printed or typed)

5209 NW 74 AV SUITE 209 A

Address

MIAMI FL 33012

City, State & Zip

786-7867197

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)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SERVI-MED INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5209 NW 74 AV SUITE 209A
MIAMI FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICE

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):

CESAR BESIL PRESIDENT
225 NE 23 ST APT 1308
MIAMI FL 33137

ARTICLE VI REGISTERED AGENT

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

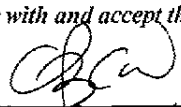
CESAR BESIL
225 NE 23 ST APT 1308
MIAMI FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CESAR BESIL
225 NE 23 ST APT 1308
MIAMI FL 33137

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



Signature/Incorporator

09-05-06

Date

09-05-06

Date