

PD7000048301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

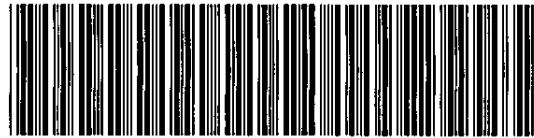
(Business Entity Name)

(Document Number)

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RECEIVED
07 APR 19 AM 11:09
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 APR 19 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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

1. COMPLETE BIOMEDICAL SOLUTIONS CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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2.00

☒ Certified Copy

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☐ Will wait

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be;

COMPLETE BIOMEDICAL SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

12484 S.W. 220 St.
Miami Fl 33170

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 100 shares value of \$1.00

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is;

JOSE ARIAS 12484 S.W. 220 St.,
Miami Fl 33170

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Josè Arias 12484 S.W. 220 St.
Miami Fl 33170

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Jose Arias 12484 S.W. 229 St.
Miami Fl 33170

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 16 day of April, 2006

x


SIGNATURE

Jose Arias

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida,

1.- The name of the corporation is; _____
_____ Complete Biomedical Solutions Corp _____

2.- The name and address of the registered agent and office is

_____ Jose Arias _____
_____ NAME _____
_____ 12484 S.W. 220 St. _____
_____ P.O. BOX NOT ACCEPTABLE _____
_____ Miami Fl 33170 _____
_____ CITY/STATE/ZIP _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TI THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG

SIGNATURE

-16- day of april, 20 07