

POT00083935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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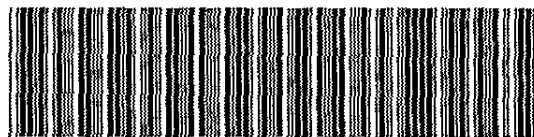
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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07 JUL 25 PM 2:16

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Best 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: Malvin Lopez
Name (Printed or typed)
50 W 29 ST Suite 5A
Address
Hialeah FL 33012
City, State & Zip
305-822-4462
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)

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ARTICLE I NAME

The name of the corporation shall be:

Best Medical Services, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

50 W 29 ST STE 5A
Hialeah, FL 33012.

mailling address:

5275 NW 158 TERR. Apto. 103
Miami FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND all BUSINESS permitted under the laws of the United States of America and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of common stock at \$1.00 par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Malvin Lopez - President
50 W 29 ST STE 5A
Hialeah, FL 33012.

ARTICLE VI REGISTERED AGENT

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

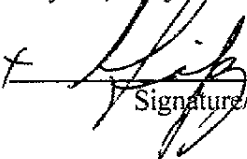
Malvin Lopez
50 W 29 ST STE 5A
Hialeah, FL 33012.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Malvin Lopez
50 W 29 ST STE 5A
Hialeah, FL 33012.

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

f. 

Signature/Registered Agent

07/23/07

Date

Signature/Incorporator

Date