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(Address)

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(City/State/Zip/Phone #)

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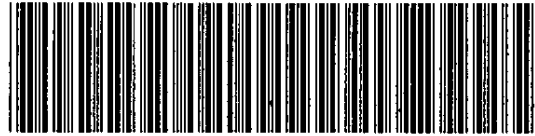
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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08 JUL 21 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

TRANSMITTAL LETTER

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

SUBJECT: BETHA MED CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- | | | | |
|----------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> \$70.00 | <input checked="" type="checkbox"/> \$78.75 | <input type="checkbox"/> \$122.20 | <input type="checkbox"/> \$131.25 |
| Filing Fee | Filing Fee
& Certificate | Filing Fee
& Certified Copy | Filing Fee,
Certified Copy
& Certificate |

FROM: GERMAN CABRERA
Name (Printed or typed)

12937 SW 112 ST #186
Address

MIAMI, FLORIDA 33186
City, State & Zip

(305) 491-6625
Daytime Telephone Number

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be:

BETHA MED CORPORATION

ARTICLE II

Principal place of business and mailing address

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

12937 SW 112 ST #186

MIAMI, FLORIDA 33186

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES AND THE STATE OF FLORIDA

ARTICLE IV

The officers of the corporation shall be:

President:	<u>VICENTE CHANG</u>
Secretary	<u>GERMAN CABRERA</u>
Treasurer:	<u>SUSANA CABRERA</u>

Filing Fee &
CERTIFICATE: \$78.75

ARTICLE V

Limitation of Corporate Powers

The corporate powers of the corporation are as provided in Section 607 Florida Statutes, unless limited as follows:

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

GERMAN CABRERA

12937 SW 112 ST #186

MIAMI, FLORIDA 33186

ARTICLE VII

Incorporators

See instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

GERMAN CABRERA

12937 SW 112 ST #186

MIAMI, FLORIDA 33186

ARTICLE VIII

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of the State of Florida.

ARTICLE IX

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 17th day of JULY 2008

Signature(s) of Incorporator(s):


GERMAN CABRERA

Typed name of Incorporator signing

Typed name of Incorporator signing

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER 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: BETHA MED CORPORATION
(must include suffix)

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

GERMAN CABRERA
(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

12937 SW 112 ST #186 MIAMI, FL 33186
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above
stated corporation 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 to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.*


(Signature)

07/17/08
(Date)