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SECRETARY OF STATE
AND AHASSEE, FLORID

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COVER LETTER

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

SUBJECT:	10-MED WASTE	SOLUTIONS	INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	T REQUIRED	
FROM:	Name	(· · · · · · · · · · · · · · · · · · ·		
10940 BIRCHWOOD PLACE				
	PEMBROKE City,	PINES FL State & Zip	33026	
	786.546.4 Daytime To	-739 elephone number	W+20-02-4	
	MIKENEIL @ E-mail address: (to be used	ASL-COM I for future annual report	notification)	

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)

<u>NAME</u> ARTICLE I

The name of the corporation shall be:

BIO-MED WASTE GOLUTIONS, INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal street address and mailing address, if different is:

8201 NW 64th ST. , #8, MAMI, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROCESS BLO-MEDICAL WASTE

ARTICLE IV

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL REINSTEIN, PRESIDENT, VICE PRESIDENT, SECRETARY 10940 BIRCHWOOD PLACE PEMBROKE PINES, FL 33026 RTICLE VI REGISTERED AGENT

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

MICHAEL REINSTEIN, PRES. 10940 BIRCHWOOD PLACE PEMBROKE PINES, FL 33026

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MICHAEL REINSTEIN, PRES. 10940 BIRCHWOOD PLACE PEMBROKE PINES, FL 33026

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