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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf 9/22/14

COVER LETTER

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

SUBJECT: Biomedical Waste Elimination Specialists, 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: Thomas J. Bohannon
Name (Printed or typed)

3600 Duberry Court, Suite 110
Address

Atlanta, GA 30319-1903
City, State & Zip

404/276-9967
Daytime Telephone number

tbohannon@alda-associates.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be: Biomedical Waste Elimination Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

751 Park of Commerce Drive

Suite 128

Boca Raton, FL 33487

Mailing address, if different is:

3600 Duberry Court

Suite 110

Atlanta, GA 30319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribute and sell a device to process
and dispose of medical waste; any lawful purpose permitted under Florida
law.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common, par value \$0.001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David H. Fater - President

Address: 751 Park of Commerce Drive

Suite 128

Boca Raton, FL 33487

Name and Title: Thomas J. Bohannon - Treasurer

Address: 751 Park of Commerce Drive

Suite 128

Boca Raton, FL 33487

Name and Title: Richard M. Cohen - Secretary

Address: 751 Park of Commerce Drive

Suite 128

Boca Raton, FL 33487

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David H. Fater
Address: 751 Park of Commerce Drive, Suite 128
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas J. Bohannon
Address: 3600 Duberry Court, Suite 110
Atlanta, GA 30319

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

David H. Fater
Required Signature/Registered Agent

9/13/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Thomas J. Bohannon
Required Signature/Incorporator

9/13/14
Date

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TALLAHASSEE, FLORIDA