

P. 14000078178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

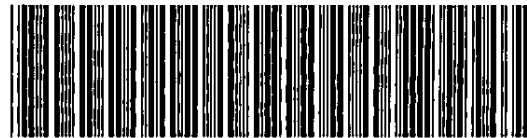
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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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TALLAHASSEE, FLORIDA

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:	<u>David H. Fater - President</u>	Name and Title:	<u>Thomas J. Bohannon - Treasurer</u>
Address	<u>751 Park of Commerce Drive</u>	Address:	<u>751 Park of Commerce Drive</u>
	<u>Suite128</u>		<u>Suite128</u>
	<u>Boca Raton, FL 33487</u>		<u>Boca Raton, FL 33487</u>

Name and Title:	<u>Richard M. Cohen - Secretary</u>	Name and Title:	_____
Address	<u>751 Park of Commerce Drive</u>	Address:	_____
	<u>Suite128</u>		_____
	<u>Boca Raton, FL 33487</u>		_____

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

(conti)

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:

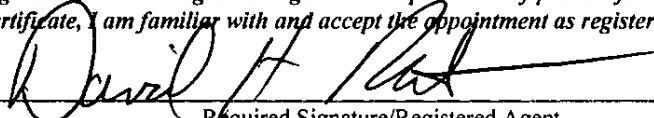
Name: David H. Fater
 Address: 751 Park of Commerce Drive, Suite 128
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

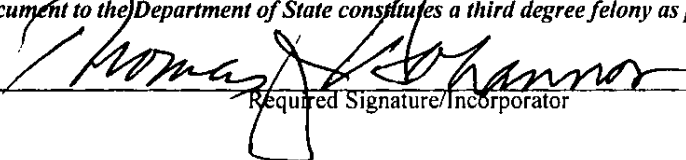
The name and address of the Incorporator is:

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

 9/13/14
 Required Signature/Registered Agent 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.

 9/13/14
 Required Signature/Incorporator Date

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 TALLAHASSEE, FLORIDA