

P14000078686

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

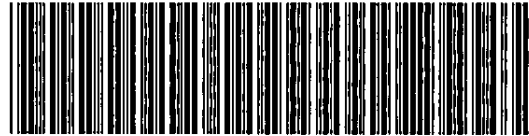
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400263428124

09/22/14--01011--016 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 22 PM 3:50

APPROVED  
AND  
FILED

11/12

## COVER LETTER

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

SUBJECT: Biomedical Waste Engineering 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)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: Biomedical Waste Engineering Specialists, Inc. PH 3: 50

<b>ARTICLE II PRINCIPAL OFFICE</b> Principal <u>street</u> address <u>751 Park of Commerce Drive</u> <u>Suite 128</u> <u>Boca Raton, FL 33487</u>	Mailing address, if different is: <span style="float: right;">SECRETARY OF STATE 7/11/00</span> <u>3600 Duberry Court</u> <u>Suite 110</u> <u>Atlanta, GA 30319</u>
---	--

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Manufacture 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> Address: <u>751 Park of Commerce Drive</u> <u>Suite 128</u> <u>Boca Raton, FL 33487</u>	Name and Title: <u>Thomas J. Bohannon - Treasurer</u> Address: <u>751 Park of Commerce Drive</u> <u>Suite 128</u> <u>Boca Raton, FL 33487</u>
Name and Title: <u>Richard M. Cohen - Secretary</u> Address: <u>751 Park of Commerce Drive</u> <u>Suite 128</u> <u>Boca Raton, FL 33487</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

APPROVED  
AND  
FILED

(conti.)

14 SEP 22 PM 3:50

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_

**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