

P18000089864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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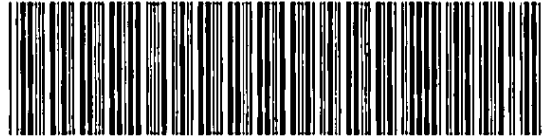
Certified Copies _____ Certificates of Status _____

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OCT 31 2018



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COVER LETTER

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

SUBJECT: ABC BIOMEDICAL EQUIPMENT SERVICES CORP.
(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: HORACIO J. FONTANA
Name (Printed or typed)

9325 W. OKEECHOBEE RD. SUITE #7
Address

HIALEAH GNOS., FL 33016
City, State & Zip

(305) 885-6000
Daytime Telephone number

016AHEDMAN414@YAHOO.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)

ARTICLE I NAME

The name of the corporation shall be: ABC. BIOMEDICAL EQUIPMENT SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9325 W. OKEECHOBEE RD. # 7
HIALEAH GNDS, FLORIDA 33016 U.S.A.

13455 SW. 3RD STREET
S. 307
PEMBROKE PINES, FL. 33027 U.S.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES - \$1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HORACIO J. FONTANA (D) Name and Title: _____

Address 9325 W. OKEECHOBEE RD Address: _____
SUITE # 7
HIALEAH GNDS, FL. 33016 US

Name and Title: HORACIO J. FONTANA (P) Name and Title: _____

Address 9325 W. OKEECHOBEE RD Address: _____
SUITE # 7
HIALEAH GNDS, FL. 33016 U.S.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

10/01/03 PM 2:33

-ARTICLE VIII: The effective date of this Corporation

Is January 1st. of 2019.

180123 11:18:53

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:

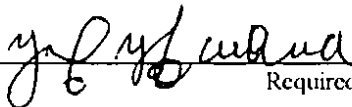
Name: HORACIO J. FONTANA
 Address: 9325 W. OKEECHOBEE RD # 7
HIALEAH GNDS. FL. 33016. U.S.

ARTICLE VII INCORPORATOR

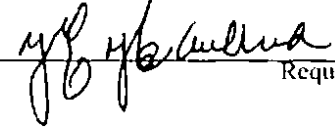
The name and address of the Incorporator is:

Name: HORACIO J. FONTANA
 Address: 9325 W. OKEECHOBEE RD. # 7
HIALEAH GNDS. FL. 33016. U.S.

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:

 Required Signature/Registered Agent 10-20-18 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.

 Required Signature/Incorporator 10-20-18 Date