

P220000616024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

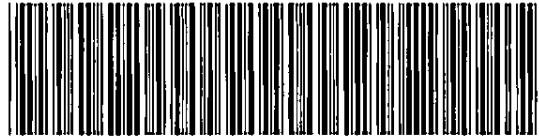
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/22--01005--014 **70.00

2022 MAR -2 PM 2:50

2022 MAR -2 PM 2:50

2022 MAR -2 PM 2:50

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SAFETY MEDICAL INC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

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

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bestax Accounting Inc _____
Name (Printed or typed)

6726 N STATE ROAD 7 _____
Address

Coconut Creek, FL 33073 _____
City, State & Zip

954-969-9992 _____
Daytime Telephone number

info@besttaxaccounting.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: Safety Medical Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1439 Capri Lane 5710

Weston, Fl 33326

Mailing address, if different is:

1439 Capri Lane 5710

Weston, Fl 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares@ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arturo Caballero- President

Name and Title: _____

Address 1439 Capri Lane 5710

Address: _____

Weston, Fl 33326

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Arturo Caballero
Address: 1439 Capri Lane 5710
Weston, FL 33326

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BESTAX ACCOUNTING INC
Address: 6726 N STATE ROAD 7
Coconut Creek, FL 33073

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

Arturo Caballero 03/01/2022
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.

Arturo Caballero 03/01/2022
Required Signature/Incorporator Date

COVER LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bestax Accounting Inc
Name (Printed or typed)

6726 N STATE ROAD 7
Address

Coconut Creek, FL 33073
City, State & Zip

954-969-9992
Daytime Telephone number

info@besttaxaccounting.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

P22000016024
SAFETY MEDICAL INC
1439 CAPRI LANE 5710
WESTON, FL, 33326
954-451-4086

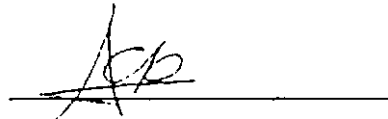
February 14, 2022

To whom it may concern:

I Arturo Caballero owner and President of Safety Medical Inc. would like to state that I do not want to reinstate Safety Medical Inc. with Document # P00000087465 but would like to open new corporation with same name.

Thank you, for the attention to this matter. If you have any question, please don't hesitate to contact me at the number above.

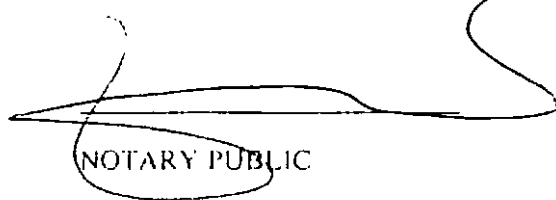
Sincerely,



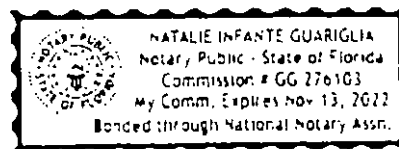
Arturo Caballero

STATE OF FLORIDA
BROWARD COUNTY

Signed and sworn in front of me Arturo Caballero on this 14th day of February, 2022.



NOTARY PUBLIC



FILED
2022 MAR -2 PM 12:02
SECI
ILLUMINASSI, FL