

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000003007330--8

-10/06/99--01058--015

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. B. B. MEDICAL SERVICE GROUP, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 OCT -6 AM 11:38

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT -6 PM 2:00

FILED

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**

*B + B Medical Service Group, Inc.*

FILED  
99 OCT - 6 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be:

*B + B Medical Service Group, Inc.*

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

*1420 S.W. 90 Ave.  
Miami, FL. 33174*

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @  
\$ 1 (one dollar)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:


*Ignacio Requerra  
1420 S.W. 90 Ave.  
Miami, FL. 33174*

**ARTICLE V INCORPORATOR (S)**

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

*Ignacio Requeyra, President  
1420 S.W. 90 Ave.  
Miami, FL. 33174*

The undersigned has(have) executed these Articles of Incorporation this day 10th as of  
*September 1999*

 *PRESIDENT*  
\_\_\_\_\_  
Signature / Title

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: B\*B Medical Service Group, Inc
2. The name and address of the registered agent and office is:

Ignacio Requeyra  
1420 S.W. 90 Ave.  
Miami, FL 33174

Signature \_\_\_\_\_

Title PRESIDENT

Date 10.4.99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature \_\_\_\_\_

Date 10.4.99

FILED  
99 OCT -6 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA