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| <u> </u>   |        | e Davis            |      |     |  |
| <del></del>                                      | Name   | (Printed or typed) | )    |     |  |
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|  |        | Address            |      | =   |  |
| Tallahassee, FL, 32306-4300<br>City, State & Zip |        |                    |      |     |  |
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# TRANSMITTAL LETTER

| Department of State<br>Division of Corporations<br>P. O. Box 6327<br>Tallahassee, FL 32314 |   |  |  | -  |
|--|---|--|--|--|
| SUBJECT:IMIG, In   | ic.<br>(PROPOSED CORPORATE                              | E NAME – <u>MUST INCLÚI</u>                | DE SUFFIX)   | <del></del>  |
| Enclosed is an original an   | d one(1) copy of the Article                            | es of Incorporation and a                  | a check for :                                      | _  |
| □ \$70.00<br>Filing Fee  | \$78.75 Filing Fee & Certificate of Status              | □\$78.75<br>Filing Fee<br>& Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate |  |
|  | •   | ADDITIONAL CO                              | PY REQUIRED  |  |
| FROM: _  | Maggie Da<br>Name (Prin                                 | ivis<br>ited or typed)                     |  | - 05<br>FAL  |
| FSU COM 11   |   |  | <del>-</del>                                       |  |
| -  | Address  Tallahassee, FL, 32306-4300  City, State & Zip |  | <del>-</del>                                       | FILED  05 JAN 26 PM 2: 1  SELIFIATY OF STATA ALLEMASSEE, FLORE |
|  | 850-445-7676  |  | <del>-</del>                                       | DA I   |
| Daytime Telephone number   |   | epnone number                              |  |  |

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

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be:

IMIG, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

FSU College of Medicine 115 W. Call St.

Tallahassee, FL 32306-4300

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the IMIG is to educate and promote internal medicine at Florida State University (FSU). This will be done primarily via meetings in which Internal Medicine physicians and residents participate in discussions and provide information concerning current issues in Internal Medicine.

# ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The method of election of directors is as stated in the bylaws.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

President: Maggie Davis Vice President: Robert Duarte Treasurer: Jorge Barrero Secretary: Shani-Kay Chambers

### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. Eugene Ryerson

FSU College of Medicine 1115 Call St.

Tallahassee, FL 32306-4300

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Eugene Ryerson

FSU College of Medicine 1115 Call St.

Tallahassee, FL 32306-4300

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.

| Eugen & Myrisan            |          | 1/24/05 |
|----------------------------|----------|---------|
| Signature/Registered Agent | <u> </u> | Date    |
| Eugene S. Ayuran           | -        | 1/24/05 |
| Signature/Incorporator     |          | Date    |