

TRANSMITTAL LETTER

**P01000010590**

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

600003484936--8  
-12/04/00--01105--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SUNSET DIAGNOSTIC INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: ELIZA BROWN  
Name (Printed or typed)

921 NW 85 TERRACE #1215  
Address

PLANTATION FL 33324  
City, State & Zip

954-915-7986  
Daytime Telephone number

FILED  
01 JAN 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch JAN 29 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 8, 2000

ELIZA BROWN  
921 NW 85 TERRACE #1215  
PLANTATION, FL 33324

SUBJECT: SUNSET DIAGNOSTIC INC.  
Ref. Number: W00000028901

We have received your document for SUNSET DIAGNOSTIC INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 700A00062162

# 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:

~~SUNSET DIAGNOSTIC INC~~

SUNSET-PINES DIAGNOSTIC INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

921 NW 85 TERRACE #1215  
PLANTATION FL 33324

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ELIZA BROWN  
921 NW 85 TERRACE #1215  
PLANTATION FL 33324

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELIZA BROWN  
921 NW 85 TERRACE #1215  
PLANTATION FL 33324

\*\*\*\*\*  
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

Eliza Brown  
Signature/Registered Agent

11/29/00  
Date

Eliza Brown  
Signature/Incorporator

11/29/00  
Date

FILED  
01 JAN 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA