

P030000018703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

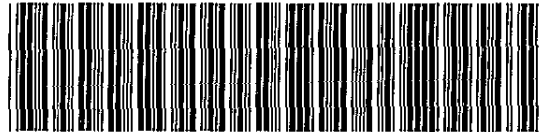
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/17/03--01007--022 **78.75...

FILED

03 FEB 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 FEB 17 AM 9:00

STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

✓

[Handwritten signature]

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. AMR DIAGNOSTIC 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

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or 621 F.S. (Profit)

The name of this corporation shall be: .

AMR DIAGNOSTIC INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

1224 BLUE ROAD
CORAL GABLES, FL. 33146.

ARTICLE III NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and the Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stocks is: 1200 SHARES

ARTICLE V INITIAL OFFICERS / DIRECTORS

The names, Address and Titles:

ALEXANDRA CARBONELL
1224 BLUE ROAD
CORAL GABLES, FL. 33146.

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ARTICLE VI RESIDENT AGENT AND STREET ADDRESS

ALEXANDRA CARBONELL
1224 BLUE ROAD
CORAL GABLES, FL. 33146.

ARTICLE VII INCORPORATOR

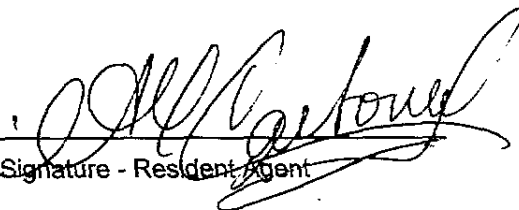
ALEXANDRA CARBONELL
1224 BLUE ROAD
CORAL GABLES, FL. 33146.

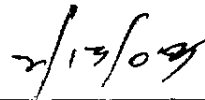
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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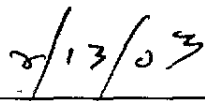
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature - Resident Agent


Date


Signature - Incorporator


Date