## P04000025709

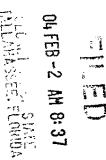
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## TRANSMITTAL LETTER

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

SUBJECT:	L. HNders DPANIS		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX)</u> .
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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 CO	OPY REQUIRED
FROM:	LATTY A. SPANIS	(Printed or typed)	<u> </u>
	79 BAY Woods	DRIVE	<u> </u>
	SAFETY HAN	State & Zip	34695
	727 - 79 Daytime?	6-4093 Telephone number	· ·

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

	ABTICLES OF INCORPORATION	
:	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
<b>š</b> .,	ARTICLE I NAME	-
i	The name of the corporation shall be:	04 FEB -2 AM 8: 37
	L. Anders Spanish, INC	CECKE LARY UP STATE
	ADDICE DE LE DEVICE AL CERTOR	TALLAHASSEE, FLORIDA
	ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
	79 Par Whate Daive	
	SAfery Harbor, FL 34695	
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	· <del>4</del>
	RADIATION SORVICES	
	ARTICLE IV SHARES The number of shares of stock is:	e e e
	1000	
	t .	
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
	LArry Awars Spanish, President	
	79 BAY Woods DRIVE	
	SAFety HAIDOR FL 34695	-
	ARTICLE VI REGISTERED AGENT	
	The name and Florida street address of the registered agent is:	
	LAVIY AWLORS SPANISH	
	79 BAY WOODS DRIVE SAFETY HArbor, FL 34695	
	ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	• • • • • • • • • • • • • • • • • • • •
	harry Ambons Spanish  79 Bay woods Daive  Safety Halbon FL 34695	
	79 BAY WOODS DRIVE	
	SAfety HAlbon FL 3469)	
	Having been named as registered agent to accept service of process for the above stated	**************************************
	certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
	* LOIN ( Soamed	37 Tay 04
	Signature/Registered Agent	30 JAN-04 Date
	* Larry Cl. Samuel	30-JAN-04
	Signature/incorporator ()	Date