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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Southous Ettal, Harris)				
(Document Number)				
Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

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

SUBJECT: No	on-Invasive Surgical Group, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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:		S. Finkel (Printed or typed)	
	1340 Palmetto Avenue		
	Address		
	Winter Park, FL 32789 City, State & Zip		
	407-644-1262 Daytime Telephone number		

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

ARTICLES OF INCORPORATION

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



05 JAN 14 PM 3:51

ARTICLE I NAME

The name of the corporation shall be:

Non-Invasive Surgical Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1340 Palmetto Avenue Winter Park, FL 32789

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Delivery of medical equipment for physican use.

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

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

Ted s. Finkel Director 1340 Palmetto Avenue Winter Park, FL 32789

ARTICLE VI REGISTERED AGENT

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

Ted S. Finkel 1340 Palmetto Avenue Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Ted S. Finkel 1340 Palmetto Avenue Winter Park, FL 32789

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

Test S. Funkiel
Signature/Registered Agent

Leas Jules
Signature/Incorporator