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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## TRANSMITTAL LETTER

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

SUBJECT:	GK Ima	iging Inc.	
	inal and one (1) copy of the arti		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		Exaplan (Printed or typed)  Biscayne Blud Address	·,Suite 1337
,	305-3	wa, FL 3313 State & Zip 23-7450 Telephone number	08

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) ARTICLE I NAME The name of the corporation shall be: Imaging, Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 20533 Biscayne Blvd. Suite 1337 Aventura, FL 33180

ARTICLE IV SHARES

ARTICLE III PURPOSE

The number of shares of stock is:

100 - Glenn Kaplan

INITIAL OFFICERS AND/OR DIRECTORS

Interpretation of vadiologic films + images.

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

Glenn Kaplan - President

The purpose for which the corporation is organized is:

20533 Biscayne Blud.

Suite 1337

Aventura, FL 33180

ARTICLE VI REGISTERED AGENT

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

Shlomo Attas

2040 NE 163 St. #202 G

North Miami, FL 33162

INCORPORATOR

The name and address of the Incorporator is:

Glenn Kaplan

20533 Biscayne Blvd 井1337

Aventua, Fi 33180

Signature/Incorporator

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