

PO700005247/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

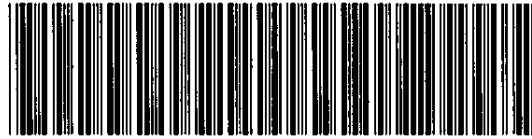
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900097658449

05/01/07--01016--011 \*\*1050.00

RECEIVED  
07 MAY - 1 AM 11:00  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 MAY - 1 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. L.A.M. MOBILE DIAGNOSTIC, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick-up time ☒ 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 Chapter 621, F.S. (Profit)

FILED

07 MAY -1 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE I NAME**

The name of the corporation shall be:

L.A.M MOBILE DIAGNOSTIC, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

435 HIALEAH DRIVE - UPSTAIRS OFFICE # 6  
HIALEAH FL 33010

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

FABIAN MELNIK - PRESIDENT  
435 HIALEAH DRIVE - UPSTAIRS OFFICE # 6  
HIALEAH FL 33010

## **ARTICLE VI REGISTERED AGENT**

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

FABIAN MELNIK  
435 HIALEAH DRIVE - UPSTAIRS OFFICE # 6  
HIALEAH FL 33010

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FABIAN MELNIK  
435 HIALEAH DRIVE - UPSTAIRS OFFICE # 6  
HIALEAH FL 33010

\*\*\*\*\*

*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/Registered Agent

APRIL 30TH 2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

APRIL 30TH 2007

\_\_\_\_\_  
Date