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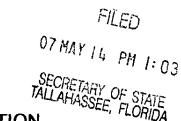
LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if known):	- <i>0</i>
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(Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark Other	
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•	Examiner's Init	ials



ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MAG MOBILE DIAGNOSTIC SERVICES CORP.

The principal place of business and mailing of this corporation shall be:

2661 SW 28 CT Miani Fl 33133

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

<u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Maite gomez 2661 sw 28 CT Miami Florida 33133 FILED

07 MAY / 4 PM /: 0

ARTICLE V - INCORPORATOR ECHETARY OF STATE

The name and street address of the incorporator to these Articles of

Incorporation is:

Maite Gomez 2661 sur 28 CT miani Floressa 33133

The undersigned incorporator has executed these Articles of Incorporation this 10 day of 2007

Signature.

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Maite Jomez
2661 sw 28 CT Miami Flores 23/33
Reast Dent

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature