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(Requestor's Name)				
(Address)				
(1841888)				
(Address)				
(City/State/Zip/Phone #)				
(,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bodanient Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer GAVE AUTHORIZATION BY PHONE TO				
AUTHORIZATION BY PHONE TO				
CORRECT_#5				
DATE				
DOC. EXAM.				
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Office Use Only



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SECRETARY OF STATE

N. Confessor MAY 1 9 2008

COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJ	_{IECT:} GULI	WAVE IMAGIN	G, INC	
5 0 B 0			ng Florida Profit Corporat	ion)
conve				n, and fees are submitted to ation" in accordance with
Please	e return all cor	respondence concernir	ng this matter to:	
JAN	1ES L MCA	NALLY		
		(Contact Person)		
		(Firm/Company) .		
519	GULFSHO	ORE DR		
		(Address)		
DES	STIN, FL 32	2541		
	•	(City, State and Zip Code)	,	
For fu	rther informat	ion concerning this ma	atter, please call:	
JAMES MCANALLY			at (850) 24	6-0554
	(Name of Co	ontact Person)		aytime Telephone Number)
Enclos	sed is a check	for the following amou	unt:	
✓ \$105	.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING	ADDRESS:	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Division of G P. O. Box 63 Tallahassee,	Corporations 3 27	

FILED

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Certificate of Conversion
For

"Other Business Entity"
Into
Florida Profit Corporation

SECRETARY OF STATE TALLAHASSEE FLORIDA

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate						
GUI FWAVE IMAGING (11) L07-2094						
GULFWAVE IMAGING, UC LO 1-2094						
(Enter Name of Other Business Entity)						
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY						
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)						
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)						
on JANUARY 8, 2007						
(Enter date "Other Business Entity" was first organized, formed or incorporated)						
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:						
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>						
GULFWAVE IMAGING, INC						
(Enter Name of Florida Profit Corporation)						

Page 1 of 2

5. If not effective on the date of filing, enter the effective (The effective date: 1) cannot be prior to nor more t document is filed by the Florida Department of State effective date listed in the attached Articles of Incorp therein.)	han 90 days after the date this e; AND 2) must be the same as the
Signed this 12th day of MAY	, 20_ 08
Signature: Ame Ame Mr. Mr. Mui (Must be signed by a Chairman, Vice Chairman, Dir Officers have not been selected, an Incorporator.)	
Printed Name: JAMES MCANALLY Title: PR	ESIDENT
·	

Fees:

Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00

Certified Copy: Certificate of Status: \$8.75 (Optional)

\$8.75 (Optional)

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GULFWAVE IMAGING, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

519 GULFSHORE DR, DESTIN, FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EQUIPMENT RÉPAIR AND MAINTENANCE

ARTICLE IV	SHARES
The number of sha	res of stock is:
500	

INITIAL OFFICERS AND/OR DIRECTORS

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

P/S/T JAMES MCANALLY 519 GULFSHORE DR **DESTIN, FL 32541**

ARTICLE VI REGISTERED AGENT

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

JAMES MCANALLY 519 GULFSHORE DR DESTIN, FL 32541

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08 MAY 16 PM 3: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES MCANALLY 519 GULFSHORE DR DESTIN, FL 32541

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

Signature/Incorporator