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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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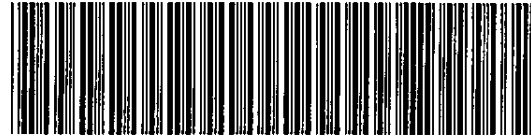
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 14 AM 8:26

APPROVED  
AND  
FILED

415  
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**COVER LETTER**

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

SUBJECT: PRE-OWNED DIAGNOSTIC EQUIPMENT RESELLERS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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: GERMAN FILGUEIRA  
Name (Printed or typed)  
7135 COLLINS AVE #416  
Address  
MIAMI BEACH, FL. 33141  
City, State & Zip  
305 # 867-5313  
Daytime Telephone number  
GERMAN @ PODERINC. COM  
E-mail address: (to be used for future annual report notification)

**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: PRE-OWNED DIAGNOSTIC EQUIPMENT RESELLERS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7135 COLLINS AVE  
#416  
MIAMI BEACH, FL. 33141

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A PROFESSIONAL CORPORATION TO MARKET DIAGNOSTIC IMAGING EQUIPMENT.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: GERMAN FILGUEIRA  
Address: 7135 COLLINS AVE #416  
MIAMI BEACH, FL. 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GERMAN FILGUEIRA  
Address: 7135 COLLINS AVE #416  
MIAMI BEACH, FL. 33141

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

04/12/11  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

04/12/11  
\_\_\_\_\_  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
11 APR 14 AM 8:26  
FILED