

P11000098759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

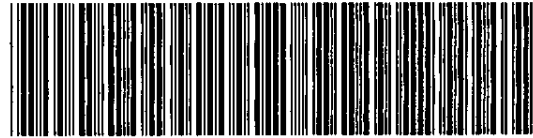
(Business Entity Name)

(Document Number)

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

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NOV 14 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ No Eup 73

## COVER LETTER

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

SUBJECT: **ADVANCED ULTRASOUND TECHNOLOGY 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **OMID TAHMOURPOUR**

Name (Printed or typed)

**12484 ONEIDA ST**

Address

**SPRING HILL , FL 34609**

City, State & Zip

**352-610-3541**

Daytime Telephone number

**cardiosonic@aol.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** **ADVANCED ULTRASOUND TECHNOLOGY INC**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12484 ONEIDA STREET  
SPRING HILL, FL 34609

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO DO BUSINESS IN CARDIOVASCULAR ULTRASOUND SONOGRAPHY.**

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TALLAHASSEE, FL 32399

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES. ZERO VALUE AT THIS TIME.**

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

Name and Title: <u>OMID TAHMOURPOUR/OWNER/PRESIDENT.</u>	Name and Title: _____
Address: <u>12484 ONEIDA ST</u>	Address: _____
<u>SPRING HILL, FL 34609</u>	_____
_____	_____

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: OMID TAHMOURPOUR  
Address: 12484 ONEIDA ST  
SPRING HILL, FL 34609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OMID TAHMOURPOUR  
Address: 12484 ONEIDA ST  
SPRING HILL, FL 34609

*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

11/01/2011  
\_\_\_\_\_  
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

11/01/2011  
\_\_\_\_\_  
Date