

P12000007404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

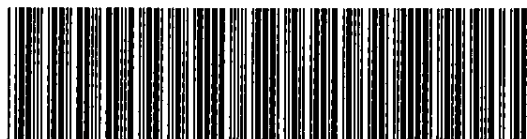
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/20/12--01026--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 PM 1:41

PS 1/23/12

COVER LETTER

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

SUBJECT: MicroVu Clinical, 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: Timothy G. Wagner

Name (Printed or typed)

13680 NW 5th St., Ste 210

Address

Sunrise, FL 33325

City, State & Zip

954-331-1563

Daytime Telephone number

tw@mvsavings.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: MicroVu Clinical, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13680 NW 5th St., Ste 210
Sunrise FL 33325

Mailing address, if different is: 12 JAN 20 PM 1:41

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare claims audits

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy G. Wagner, President
Address: 13680 NW 5th St. #210
Sunrise FL 33325

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

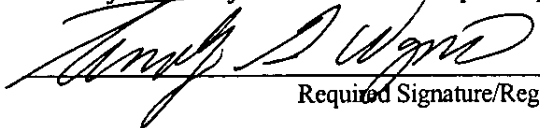
Name: Timothy G. Wagner
Address: 13680 NW 5th St. #210
Sunrise FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy G. Wagner
Address: 13680 NW 5th St. #210
Sunrise FL 33325

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

January 18, 2012

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

January 18, 2012

Date