

**P12000044631**

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet **49881**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000128486 3)))



H120001284863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

*Re-sending  
correcting  
5/14/12*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BEST ECHODIAGNOSTICS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 11 AM 10:52

**FILED**

12 MAY 11 PM 3:12

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**J. Shivers MAY 14 2012**



May 11, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BEST ECHODIAGNOSTICS CORP  
REF: W12000026308

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Articles must be in numeric order. You missed Article II.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

FAX And. #: H12000128486  
Letter Number: 412A00014106

P.O BOX 6327 - Tallahassee, Florida 32314

M17000128486

**ARTICLES OF INCORPORATION  
OF  
BEST ECHODIAGNOSTICS CORP**

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: BEST ECHODIAGNOSTICS CORP

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation:  
4220 LOOKING GLASS LANE #3  
NAPLES, FL 34112

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock having \$1.00 individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

2012 MAY 11 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M17000128486

**ARTICLE VI**

**The name and street address of the initial Registered Agent of this corporation shall be:**

**GERARDO MONGALO  
4220 LOOKING GLASS LANE #3  
NAPLES, FL 34112**

**ARTICLE VII**

**The name and address of the board of directors shall be:**

**PRESIDENT  
GERARDO MONGALO  
4220 LOOKING GLASS LANE #3  
NAPLES, FL 34112**

**ARTICLE VIII**

**The name and address of the incorporator(s) to these Article of Incorporation shall be:**

**GERARDO MONGALO  
4220 LOOKING GLASS LANE #3  
NAPLES, FL 34112**

**The undersigned has executed these Articles of Incorporation this 10<sup>TH</sup> DAY  
OF MAY 2012.**

  
**INCORPORATOR  
Signature**

H12000128486.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**BEST ECHODIAGNOSTICS CORP**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT  
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT  
THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I  
HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND  
AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS  
OF MY POSITION AS REGISTERED AGENT.**

*[Signature]*  
**REGISTERED AGENT**

**FILED**

**2012 MAY 11 AM 10:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

98482100021H