

P12000066234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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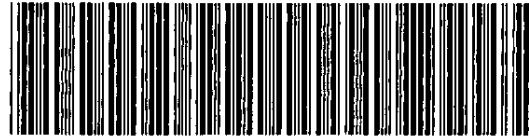
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JUL 31 2012
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2553



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2012

FRANCISCO MERCED II
6348 17TH STREET CIRCLE EAST
SARASOTA, FL 34243

SUBJECT: CLEARVIEW MED XRAY INC.
Ref. Number: W12000037971

We have received your document for CLEARVIEW MED XRAY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 912A00019065

COVER LETTER

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

SUBJECT: ClearView Med X-Ray 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: Francisco Merced II

Name (Printed or typed)

6348 17th Street Circle East

Address

Sarasota, Florida 34243

City, State & Zip

216-246-8444

Daytime Telephone number

clearviewmedxray@gmail.com

E-mail address: (to be used for future annual report notification)

12 JUL 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

ClearView Med X-Ray Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

6348 17th Street Circle East

Sarasota, Florida 34243

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is for the maintenance, repair, sale and service of x-ray and x-ray processor.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francisco Merced II

Address: 6348 17th Street Circle East
Sarasota, Florida 34243

Name and Title: Mauricio Vargas

Address: 6348 17th Street Circle East
Sarasota, Florida 34243

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: Francisco Merced II

Address: 6348 17th Street Circle East
Sarasota, Florida 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francisco Merced II

Address: 6348 17th Street Circle East
Sarasota, Florida 34243

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

07/25/2012

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

07/25/2012

Date

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TALLAHASSEE, FLORIDA